QUARTERLY PERISCOPE.

FOREIGN INTELLIGENCE.

ANATOMY.

1. *Anatomical and Pathological Observations on the Eye.* By Professor Francis Rossi, of Turin.—Pathological observation and the dissensions of authors having led Professor Rossi to entertain doubts relative to the continuity of the retina with the optic nerve, and the faculty ascribed to the former, of transmitting the images of objects to the sensorium, and he therefore thought it his duty to undertake some new experiments to satisfy these doubts.

Having extracted an eye from its orbit, Professor R. punctured the sclerotica a few lines from the cornea, so as to penetrate as far as the choroid coat. Having inflated the eye through this passage, it was suspended by the nerve until the commencement of putrefaction. Dividing afterwards the fibrous envelope by an incision carried as far as the optic nerve, he observed the retina and choroid coat separated from the nerve for the space of several lines, and in contact with the vitreous portion; he could readily separate the putrified sclerotica from the dried optic nerve.

The pigment of the choroid coat, which detaches itself during the softening and washing, he considers a product of secretion, the colour of which, according to an analysis of Professor Livini, is owing to the presence of protoxide of iron.

In affections of the globe of the eye, of the brain, and its meninges, he has never observed those associations which ought to exist provided there was a continuity of tissue. In cases of amaurosis of the optic nerve with loss of vision, the texture of the ball of the eye exhibits no alteration.

In that variety of cataract which commences in the centre of the crystalline, the sight is lost from the first, notwithstanding the circumference continues transparent; the reason is, the rays of light can no longer strike upon the optic nerve.

In cases where the amaurosis was confined to one side, the optic nerve, compared with that of the sound eye, appeared wasted, whilst the retina on either side presented no difference in appearance, both being equally affected by the electro-galvanic influence.

In cases of polypus in the frontal and maxillary sinuses, the author found hydatids of the size of millet seed upon the choroid coat and retina, which had not impaired the sense of vision.

In certain cases of depraved vision the organization of the eye appeared perfect; it was in cases of nyctalopia only where he observed the pigment of the choroid coat assume a yellowish hue.

These facts have led the author to the following conclusions:—1st. That the parts entering into the formation of the globe of the eye are not a prolongation of those of the encephalon. 2d. That the retina is not a continuation of the optic nerve, and that it probably serves to modify, in a certain manner, the images which it transmits to this nerve.

In regard to this transmission, he has observed in the course of his investigations that the image of objects is always impressed upon that part of the retina situated rather above a horizontal line, which would divide it into two equal parts; and from this he supposes that this image, which falls inverted upon the retina, comes to be reflected upon the optic nerve in consequence of the concavity of this coat, thus making a double reflection, by means of which the image is again turned right side upwards, and carried to the brain in the condition that it enters the eye.—*Bulletin des Sciences Médicales, May,* 1830.

2. *Method of Cleaning Bones.*—Mr. J. W. West, of Northampton, recommends a combination of chloride of lime and subcarbonate of potash, in the proportion of one pound of the former to one ounce of the latter, added to two gallons of water, for the purpose of whitening bones and destroying the unpleasant odour generally issuing from them. He says that it rendered a cranium perfectly white after having been in the solution not more than twenty-four hours.—*Lond. Med. Gaz. Oct.* 1830.

PHYSIOLOGY.

3. *Nature of the Globules of the Blood.*—M. Raspail in his memoir on the intimate structure of animal tissues, asserts that the globules of the blood are simply albuminous, and he supports his opinion by the fact of the solubility of these globules in water, acetic acid, &c. M. Donné has been led to a contrary conclusion in the following manner:—when we pour some water on a small quantity of human blood, placed under a microscope, the globules quickly disappear, and can no longer be distinguished; but if we look very attentively, by the aid of a strong magnifier, and especially if the light of a lamp be employed instead of that of the sun, we see that there remains in the water small, round, very transparent bodies, which are with difficulty distinguished, but which are nevertheless insoluble, however large may be the quantity of liquid. This is much more evident when we employ the blood of the frog, the globules of which are much larger; we perceive these small round bodies even by the solar light, which are the globules themselves deprived of some of their elements. If we wish to repeat this experiment on a large scale, it is necessary to diffuse about an ounce of blood in eight or ten times its weight of water, or more: it is to be afterwards filtered, and the plastic matter which remains upon the paper, collected; this substance which has all the characters of fibrine, placed in small quantity on a plate of glass with a little water, and examined with a microscope, by the light of a lamp, will present all the globules with their primitive forms. Finally, by varying these experiments it will be seen that the globules of the blood are not entirely soluble in the menstrua which dissolve albumen, and which do not dissolve fibrin. Thus ammonia, and acetic acid make them disappear, so that no traces of them can be discovered. M. Donné concludes from these facts, that the globules of the blood are not a simple precipitate of albumen, as M. Raspail asserts, but that they are formed of a tissue, of a frame work thus to speak, of fibrine, in the meshes of which the albumen and colouring matter are deposited. In truth, the albumen and fibrin are not two different principles, the one being but a modification of the other: but this is of little consequence as regards the question itself; all that M. Donné wishes to establish, is that the globules of the blood are not soluble in water, and that, if they are albuminous, as M. Raspail says, they consist of albumen in the state commonly called by chemists fibrin.

We see that the opinion of M. Donné respecting the globules of the blood, differs from that of Hewson and MM. Prévost and Dumas, who regard them as composed of a central vesicle enveloped by a layer of colouring matter.

With these skilful observers, he thinks that the globules are of a lenticular form when they flow from the veins; but the nucleus of these small bodies is, according to him, a slight tissue of fibrin, which contains in its meshes albumen and colouring matter, nearly in the same way as the hyaloid membrane contains the vitreous humour. From being flattened they assume a spherical form when placed in contact with a little water, or when they remain for a certain time in the serum, and their diameter diminishes a little, because these small bodies then absorb the fluid, and swell. If the quantity of water is sufficiently large, it removes the albumen and colouring matter, which are very soluble, and the frame work of fibrin is no longer perceived in the reddish fluid; but they may be discovered by the means already pointed out. If the water is evaporated, small, round, transparent particles are perceptible on the glass, which are these same globules, and which may be rendered more apparent by submitting them to the vapour of iodine, which colours them more deeply than the surrounding parts.—*Archives Générales, August,* 1830.

4. *Period of Puberty in Women.*—Mr. Roberton has given in the *North of England Medical and Surgical Journal,* the following table, exhibiting the ages at which three hundred and twenty-six women began to have the catamenia.

Table.

In their 11th year	6	In their 16th year	54
12th	12	17th	50
13th	31	18th	19
14th	60	19th	18
15th	72	20th	4

This table was formed by questioning the pregnant women who came to the Lying-in Hospital to deliver in their letters of recommendation as home patients. These women were generally in health, as appears by their walking, in an advanced stage of gestation, a considerable distance to the hospital. The circumstance of pregnancy is a guarantee, as regards the whole of the cases examined, of exemption from serious disease of the generative system. Every answer was rejected which evinced either a doubtful recollection of the fact, or which was reluctantly given in relation to the fact. The question was also put, not as if a matter of curiosity, but as connected with other questions necessary to be answered for admission as a patient.

5. *Menstruation continued to the 94th year.*—A case is recorded in the *Ann. Univ. di Med.* of a female, aged ninety-four, whose relatives were remarkable for their longevity, and who continued to menstruate from the 53d to the 94th year, and at present she is in perfect health.—*Lond. Med. and Surg. Journ. Oct.* 1830.

6. *Extraordinary instances of Reproduction.*—Dr. Ryan, the learned editor of the *London Medical and Surgical Journal,* states, that he was called to a patient, aged forty-one, of a sanguine temperament, who had menstruated at the age of twelve, and married between eighteen and nineteen. She had a seven month's child in the eighth month of her marriage—had twins about the fourth month, three times during the year 1829, and again in December 31st, when she was attended by Mr. Whitmore, of Cold Bath Fields, and delivered of two infants; and on January 28th, 1830, she was attended by Mr. Thomas, of Bagnigge Wells Road, and delivered of an infant, which he considered of the same age as the preceding. On the 7th of June last, she aborted, at the third month; on the ninth a second fœtus was expelled, she was attended by Mr. Sandell; and as there was no discharge whatever, from that time to this, considers herself still pregnant. The abdomen is about the size of a woman in the fifth month of utero-gestation; she has had twenty-four children in twenty-one years. She menstruated regularly previous to marriage. She is always in good health

when suckling, and ill when breeding; she is always pregnant about the fifth month of lactation; menstruation has often taken place during pregnancy, and was followed by abortion; she has never suffered from leucorrhœa; her diet consists of bread and porter, but no animal food; she often rejects large quantities of bile, and can foretell its approach "by the smell of her breath." Her mother is seventy years of age, and in good health; has had eighteen children born alive.

The wife of her husband's first cousin, resides at Mount Pleasant, in this neighbourhood, is in her forty-fifth year, and has had thirty-two children, including miscarriages. Within a few years "she bred with dropsy; her legs burst, and the water spouted across the room," but she went to the full time; she is now in good health, and has not ceased to menstruate.

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7. *Pregnancy occurring during Dysmenorrhœa.*—Dr. RYAN says, that two cases of dysmenorrhœa have lately fallen under his care, both aggravated by marriage, and both followed by pregnancy. One of these patients was twenty-three years of age, the other eighteen. Neither of them passed the membranous shreds, described by obstetric writers.

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8. *On the Cause of the Entrance of Air into the Veins during Operations on the Neck.*—It is well known that on several occasions death has taken place suddenly during surgical operations on the neck, and that the accident has been traced to the admission of air into the heart and great vessels by the mouths of divided veins. But no satisfactory explanation has yet been given of the fact that such an accident occurs rarely, or of the circumstance that air should ever obtain entrance at all. For although most physiologists now admit to a certain extent the principles laid down by Dr. Barry, as to the venous circulation, and the suction-power which is excited during inspiration on the blood in the veins that enter the chest—still, as M. Berard, the author of the paper quoted above, has remarked, it is not easy to see how this suction-power should have the effect of drawing air into the cavity of a flaccid vein, the parietes of which must yield to atmospheric pressure before any fluid, even aeriform, can enter by an opening in it. M. Berard, however, has succeeded in explaining the cause of the entrance of the air; and has likewise discovered in this cause an organization of considerable consequence for maintaining the functions of the great veins near the heart.

He observes that the veins are all formed of extremely flaccid coats; so as to collapse entirely when empty, provided the atmospheric pressure act on their external surface, and that they would consequently be all reduced to a similar state by the suction-power of the heart and chest, unless their calibers were kept open by some peculiarity of mechanism. This peculiarity consists in the adhesion of the parietes of certain veins to adjacent parts, which tend to keep them stretched. Such a structure has been long known to exist in the case of the sinuses of the brain, and ramifications of the venæ hepaticæ; the former of which are kept constantly distended by the organization of the falx and tentorium of the dura mater, and the latter by the incompressible nature of the organ through which they are distributed. But M. Berard now calls the attention of physiologists to certain peculiarities in the organization of other veins for accomplishing the same purpose. The entrance of the superior vena cava into the right auricle of the heart is kept in a state of constant tension by the prolongation over it of the strong fibrous covering of the pericardium; and the subclavian veins, the junction of the jugulars with these veins, as also the whole course of the axillary veins from the scaleni muscles to the arm-pit, are maintained in a similar state, by being attached to various aponeurotic membranes at the root of the neck. Hence if the superior cava, subclavian axillary, or commencement of the jugular veins be divided, they do not collapse as other veins do, but remain gaping, unless they are detached from the texture by which they are kept distended, and then they collapse like veins generally.

Were it not for this organization, it is obvious that the suction-power of inspiration, even of the powerful kind which is admitted by some physiologists, could have little or no effect in moving the blood towards the heart along the superior cava. But the chief veins being kept in a state of distention, and so enabled to resist the compressing tendency of atmospheric pressure, the pumping or inspiring power of inspiration becomes effective; and it is particularly worthy of remark, that as the aponeurotic membranes to which the veins are attached, extend from bones to bones, and are most stretched during the expansion of the chest, it is during the act of inspiration that the veins are most extended. The same organization will also for the same reason account for the entrance of air into the heart, from wounds of the veins at the root of the neck during surgical operations. If the subclavian or commencement of the jugular vein is opened, air will enter to a certainty, unless immediate precautions be taken to exclude it; and as for the same accident occurring when more distant veins are opened, it will be found, we doubt not, to arise from the divided vein having acquired, from connexion with diseased parts, an organization similar to that possessed by the subclavian and axillary veins in their natural state. M. Berard farther observes that the inferior cava, by its passage through the diaphragm, is similarly organized with the superior cava. It remains constantly extended and gaping, even when empty. Hence the suction effect of inspiration is transmitted to the hepatic veins, which we have already seen are fitted for conveying it by a corresponding structure. It is thus apparent that the inspiratory power of the chest is one of the powers which contribute to the movement of the blood in the vascular system of the liver. The want of a corresponding structure of the great veins leading to the extremities, renders this moving power of no influence whatever on the circulation in the other branches of the inferior cava.—*Ed. Med. and Surg. Journ. from the Archives Générales de Médicine, Juin,* 1830.

PATHOLOGY.

9. *Remarkable Case of Tubercular Excavation communicating with the External Air through an Aperture between the Ribs.*—The following rare and curious case was under the care of Dr. James Johnson, the learned editor of the *Medico-Chirurgical Review*, and is recorded in his Journal for October last.

Mr. Macklin, æt. 47. His symptoms at present, July 25, 1830, are frequent, small, troublesome cough—expectoration of yellow, puriform sputa, occasionally tinged with blood, and rather abundant—pain at times in right side of chest and shoulder—decubitus on *left* side only, with head rather high—aspect phthisical—disposition to perspire at nights—pulse feeble—appetite good.

Chest narrow, contracted—on deep inspiration left side only expands—right shoulder droops. Immediately below the right sterno-clavicular articulation, but rather nearer the shoulder, the integuments for a space of two inches, or rather more, in diameter, are reddish and very thin. On coughing or expiration, they swell out into a tumour nearly as large as a goose egg, which almost seems ready to burst. The integuments are drawn inward on inspiration. Great part of the sternal end of first rib, and right side of upper bone of sternum between first and second rib are absorbed, and the space between the first and second rib is consequently enlarged from above downwards. The integuments here and the neighbouring bones are very tender on pressure.

Percussion and Auscultation.—Whole of *left* thorax sounding tolerably sonorous. Respiration in this side unequal, but generally puerile—no râle, nor pectoriloquy.

Lower part of *right* thorax anteriorly, and right back dull upon percussion. The respiration in this side imperfect every where, but especially so below, although almost cavernous above; no pectoriloquy heard, but gargouillement on coughing, at the apex of the lung.

History.—Three years ago was in good health, but suffered from a cough the preceding winter. In October, 1827, his wife died of confirmed phthisis, which had lasted for two years. In the succeeding February, he caught a cold, for which he treated himself at first, but without success. Mr. Cosgreave was called in and prescribed for him. Cough, with more or less expectoration remained, and in the winter of 1827–8 he went to Madeira, where he gained flesh surprisingly, but never lost his cough. In the spring of 1828 he returned, and from that time till a month or so ago, he still continued to suffer from the cough and expectoration, with occasional pain in the side, and emaciation. Three weeks or a month ago emphysema of the right side of the neck and parts contiguous to the tumour took place; it subsided in a few days. After the subsidence of the emphysema, the tumour below the right clavicle was discovered by Dr. Johnson. Within the last three weeks the integuments have grown thinner.

Plaster and roller to defend the thin integuments from bursting—sedatives—moderately good diet.

26*th.* Awoke last night, and found that the integuments had given way, without any particular exertion of which he was aware. Suffers little aggravation of the symptoms in consequence. Discharges air through the aperture at each expiration.

Light compress.

Aug. 1*st.* A considerable quantity of purulent discharge issues from the wound on coughing—expectorates by the mouth little else than glairy mucus, (probably from bronchi and other lung)—feels inconvenience if the dressings obstruct in any way the egress of matters from the wound—cough troublesome.

Pill of Morph. Acet. and Conium, ter die—ale, meat, &c.

Monday, 9*th.* We examined the patient. The expectoration by coughing, from the aperture between the ribs, was very considerable, and attended with a loud discharge of wind, so much resembling a common cough, that it was difficult to say whether the noise was made by the mouth or the intercostal aperture. Very little expectoration now comes from the mouth except when in the horizontal position, when a small proportion is discharged in the common way. The cough is still more troublesome than before the new opening took place—he wastes in flesh, and the total discharge is increased. He has, however, no fever, and he sleeps a little by the aid of Battley's sedative. He takes sulphate of quinine in acidulated infusion of roses.

22*d.* The patient has daily lost ground, and there has lately come on a colliquative diarrhœa, which opiates and absorbents cannot check. The expectoration from the external wound continues profuse, and the rush of air at each expiration, and especially when coughing, is considerably greater than that which is emitted by the trachea and larynx. The constant discharge from the wound now renders his life a burden to him, and death is become acceptable. On the 24th of August he expired. The body was examined by Dr. Dill and Dr. Johnson. The following is Dr. Dill's report.

Inspection.—The body was much emaciated—the skin covering the sternal ends of the second and third ribs of the right side was ulcerated, and a fistulous opening, which communicated with the right thoracic cavity, was formed in the intercostal space between them. On removing the sternum and cartilaginous portion of the ribs, it was found that this fistulous aperture terminated in an immense cavern within the right lung, which was capable of containing at least one pint and a half. This cavity was lined with a tolerably dense membrane, which adhered both anteriorly and behind to the ribs, and although in some parts there intervened between this sac and the costal pleura a small quantity of pulmonary parenchyma, which had not been as yet destroyed, in general no remains of lung could be perceived beyond the sac, which was in immediate union with the pleura which lined the chest. The destructive process which had formed this enormous cavity within the substance of the lung, had extended anteriorly through a portion of the sac and costal pleura to the ribs, the sternal ends of the first two of which it had rendered carious, and the third and fourth were so far diseased as to break with ease when but slightly pressed upon. Across the lower half of this tubercular cavern, ran in an oblique direction, a small shred of lung, which appeared to consist principally of the pleura, which had lined the sulcus between the superior and middle lobes; and towards the left side of the floor a fistulous opening was discovered, which admitted the extremity of the little finger. By slitting down the division of the trachea which is devoted to the right lung, the third branch, which this tube subdivides into, was found to terminate in this opening; and in its immediate neighbourhood was seated another aperture, which was likewise the termination of another branch. It was principally through these openings that the matter, which was expectorated by the mouth, made its way into the trachea, and these free outlets aided by the external aperture upon the surface of the chest, had furnished such a ready exit to the contents of the cavity, that although almost all the upper and middle lobes were destroyed there was scarcely any tubercular fluid in the sac. The lower lobe was also extensively diseased, and contained several smaller cavities, which freely communicated with that now described. One of these cavities, large enough to contain a pigeon's egg, in place of being ragged, uneven, and suppurating, like the rest, was lined with a fine, smooth, mucous membrane. This cavity had been obviously the seat of previous disease, which nature had arrested by forming this artificial membrane; but as the remainder of the lung—even that in the immediate neighbourhood of this healed vomica—was irremediably disorganized, this sanative effort could have given but a trifling, if any check, to the progress of the symptoms. The right rung was in a tolerably healthy state, having only a few hard tubercles imbedded in its upper lobe, and the heart exhibited no manifestation of disease.

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10. *Croup in an Adult.*—M. Andral, jr. presented to the Royal Academy of Medicine of Paris, at their sitting of the 16th of February last, a false membrane which lined the larynx, trachea, and bronchia to their smallest ramifications. This membrane was taken from a French soldier who died in the Morea, with all the symptoms of croup. We are induced to notice this instance of croup in an adult, common as the occurrence is, in consequence of having seen it denied in a late work, that croup ever occurs at this period of life.

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11. *Arterial Varices.*—Twenty years ago, M. Pelletan attended a child who had a remarkable dilatation of the temporal and occipital arteries in their whole extent; the primitive trunk was tied without success; the patient died of successive hæmorrhages, and on post mortem examination it was found that the morbid dilatation was not limited to the arteries of the head, but extended also to some of the arteries of the limbs. Twelve years ago, M. Dupuytren met with a similar case, which he successfully treated by applying a ligature to the primitive carotid. Finally, in July last M. Dupuytren met with another case which furnished the pathological specimen, which he presented to the Royal Academy of Medicine. This specimen was furnished by a person on whom M. D. had performed amputation of the thigh for two aneurismal tumours of the ham, and for a cancer of one of the great toes. On dissection, it was found that the two aneurismal tumours of the ham were shrunk, and contained neither blood nor coagulæ; they were seated in the popliteal artery, the caliber of which was equal to that of the abdominal aorta: they were an inch apart, the upper was of the size of an almond, the lower, that of a large pigeon's egg. In both the internal and external membranes of the artery were dilated and formed the parietes of the tumour, whilst the fibres of the middle tunic were frayed, and through this fraying the internal tunic had passed to contribute to the

dilatation. Thus the existence of this species of aneurism, which was formerly doubted, has been proved. M. Dupuytren had previously seen an instance of it with M. Dubois. In the popliteal artery, as well as in the whole course of the tibial and peroneal arteries, the middle membrane was diseased, it was thickened, yellow, and the fibres separated in many places; the internal membrane, on the contrary, was unaltered. The anterior and posterior tibial and peroneal arteries, and the plantar arteries, were throughout of at least double their ordinary size, and had from place to place swellings perfectly resembling clusters of varices. M. D. proposes to give to this disease the name of aneurismal varices.—*Archives Générales, September,* 1830.

12. *Accumulation of Fæcal Matters simulating an Internal Strangulation.*—A man was attacked after a journey with symptoms of an internal strangulation; he had incessant vomiting, excessive constipation; the abdomen distended, and very painful on pressure; vomiting of fæcal matters. This man had had for a long time a reducible hernia which he had recently reduced; but he affirmed that it offered nothing unusual, and that he had applied his bandage as usual. Baths, reiterated bleedings, diluents, did not produce any relief. In consultation the question was agitated whether an operation should not be performed, and whether there was not an internal strangulation. The majority, however, were opposed to the operation. The patient continued in this condition until the fifteenth day, fæcal matters being thrown up, and his strength declined. At this time a celebrated surgeon being called in, proposed an operation, thinking that it was necessary to operate even in the absence of any evident sign of a strangulated tumour, either in the inguinal canal, in the abdomen, or in the neighbourhood of the ring. The operation was determined upon—but as M. Sanson was about commencing, perceiving no tumour, nor pain, nor tension of any kind above the ring, nor in the inguinal canal, nor deeply in the vicinity, and remarking that the point of the abdomen corresponding to the hernia was the only one which was neither painful nor tense, he examined the abdomen anew with great care, and discovered on the left side, deep-seated and obscure, a long tumour, which seemed to him to be the colon filled with indurated fæcal matters. He introduced the finger into the rectum as deeply as possible; he experienced great difficulty in introducing it, so much was it contracted. He then endeavoured to introduce a gum elastic sound, but it would not enter far, so strong was the constriction of the digestive tube. Many enemata of olive oil were injected with force; at first they produced no effect, but on continuing them they brought away some soft yellow matters; they were continued without interruption. M. Sanson then determined to administer a purgative; but it was impossible to give it by the mouth, the vomiting being continued, and the patient not being able to retain even a cup of water. A small blister was applied to the thigh, and after removing the epidermis, a drop of oil of croton tiglium was placed on the cutis; an abundant evacuation resulted. The vomiting ceased; the patient evacuated in three or four days, many pounds of soft, yellow, fæcal matters. All the symptoms evidently depended upon this accumulation of fæcal matters in the digestive tube.—*Journal de Medecine Prat. July,* 1830.

13. *Poisoning by Mouldy Bread.*—Dr. Westerhoff was called in 1826 to two children of a poor labourer, who had been simultaneously attacked with the following symptoms. The eldest, aged ten years, had his face red and swollen, his countenance was animated and bewildered, tongue dry, pulse feeble and quickened, head-ache, giddiness, unextinguishable thirst, violent colic, desire to sleep, and alternate unsuccessful efforts to vomit, subsequently sudden vomiting and very abundant alvine evacuations, after which very great faintness, indifference to every thing, and sleep for moments at a time. The younger, aged eight years, was rather more violently attacked than his brother. Dr. W. having understood that they had eaten the preceding day only a piece

of old, mouldy, rye bread, prescribed a demulcent treatment, and they soon recovered.

Some time afterwards, several boatmen having eaten some mouldy rye bread, were attacked with similar symptoms, but they were quickly relieved by vomiting, which came on spontaneously. Dr. W. asks whether this kind of poisoning arises from an alteration in the quality of the bread, or from the vegetation which has been called mouldiness, (*Mucor mucedo.*)—*Archives Générales, Sept.* 1830—*Bijdragen tot de Naturkund. Wetenschapp, T. IV. p.* 110.

14. *Case of an apparent Aneurismal Tumour—Hepatitis—Insidious Hydrothorax.*—M. Merat related to the Medical Society of Paris at their sitting of the 19th of June last, the case of a man who was suddenly attacked, after an exertion to move some furniture, with a pulsating tumour in the neck, over the course of the carotid artery. Little attention was paid to this swelling till it became painful, when he applied to M. Mérat for assistance. The pulsation and the site of the tumour induced M. Mérat to conclude that it was an aneurism of the carotid. He advised the application of ice, and under this remedy the tumour diminished in size, and ceased to pulsate; but the patient could not bear the ice, and it was discontinued. The tumour remained stationary for three weeks. M. Dubois examined it, and considered it as aneurismal, but arrested in its progress by the application of the ice. Nevertheless the tumour exhibited a doughy feel, and an irregular circumscription, which induced doubts in the minds of the members of the society, when the patient was presented at a former meeting. Shortly after this the patient suddenly evinced signs of acute hepatitis, with an enlargement of the liver below the false ribs. This was attributed to his having taken cold while applying the ice to his neck. The symptoms became more intense—the right hypochondrium swelled, as did that side of the thorax—the respiration became dull in the right lung—the liver was found to descend far below the ribs, and there was excruciating pain extending to the loins. The most active antiphlogistic treatment was employed, but without success. The sense of suffocation increased, and the patient succumbed.

On dissection, by M. Mérat and M. Deville, the right side of the chest was found to contain more than eight pints of yellow serum, which had pressed back the lung, and by depressing the diaphragm made the liver to descend below the ribs, and appear enlarged. The pleura showed no signs of inflammation, and all the thoracic viscera were sound. The cervical tumour was then examined, and found to consist of a mass of glands, the size of an egg, seated over the arteria innominata, at the origin of the right carotid. The coverings of this tumour were highly injected, and discharged much blood when cut into.

M. Mérat could not learn that the patient had ever experienced any symptoms which could lead to the suspicion of the existence of hydrothorax previously to his consulting him for the cervical tumour. The symptoms which were supposed to indicate an hepatic affection, in fact resulted from the hydrothorax. The oppression, the depression of the liver, the tumefaction of the hypochondrium, and of the right side of the thorax are perfectly explained by the large accumulation of aqueous fluid.

This case is also highly interesting as regards the diagnosis of aneurisms of the carotid and subclavian. Cases have been recorded, in which tumours of the thyroid have simulated aneurisms of the carotid; but this is perhaps the first instance which has been related of a tumour simulating an aneurism at the origin of the subclavian and carotid, at the extremity of the innominata. The diagnosis of aneurisms of the neck, always difficult, may in these cases be elucidated by the progress of the symptoms under the influence of treatment.

In a preceding number of this Journal, Dr. Jackson related a case of hematosis, in which an aneurism of the carotid was at first suspected, and there can be little doubt that operations have been performed for aneurism in the neck, where no such disease existed. The surgeon would do well to be cautious under these circumstances.—*Transactions Medicales, July,* 1830.

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15. *Case of Inflammation of the Vena Cava Ascendens.*—Dr. J. Hourmann relates in *La Lancette Française,* the following example of this affection, which is interesting as exhibiting the immense resources of nature, and as confirming many points in the history of phlebitis. The subject of the case was a porter, of strong constitution, and in the habitual enjoyment of good health. Some weeks before his entrance into hospital he fell, and struck violently the right side of his chest against a step. Leeches were applied to the injured side, but a dull pain remained. About fifteen days afterwards he perceived a swelling of the right foot, and soon after of the whole lower limb of this side. He experienced also an uneasiness in the groin of the same side, and then the left limb, which had previously been unaffected, began to be infiltrated. In this condition the patient entered the hospital. He had no marked functional derangement of the viscera, and he did not complain except of the swelling of the limb. M. Louis immediately pronounced the disease to be phlebitis, which had commenced in the right crural vein, and which had successively extended to the external iliac, the primitive iliac, and lastly, to the vena cava ascendens. Before the vena cava became affected, there was no obstruction to the circulation of the left limb, but as soon as the inflammation extended to the former, the latter became infiltrated. At this period none of the veins of the limbs were very remarkably prominent; however, on examining with the fingers, in the course of the saphenas some renitence was perceived; the veins of the anterior of the abdomen did not exhibit any unusual appearance. The diagnostic of M. Louis was soon confirmed. In fact, in a few days many veins were observed to become developed, arising from the groin and ramifying over the abdomen towards the chest. One of these on each side passed to the neighbourhood of the arm-pits. The size of these veins was at first small, but they soon became enlarged, and the two which ran to the arm-pits became as large as a goose-quill. When this vein was compressed with the finger, the blood was observed to stagnate below the place of compression, and to accumulate in the groin; when the vein was emptied by pushing the blood towards the chest, the blood rushed from the groin towards the point of compression, and instantly filled the vessel. Once only the blood was observed to flow in an opposite direction. Did this depend, asks the relator of the case, upon an obstruction to the passage of the blood through the cavities of the heart, and a reflux into the vena cava? From the appearance, it cannot be doubted that there existed an obstacle to the passage of the venous blood from the inferior extremities by the ordinary routes, and of the establishment of a supplementary circulation. The blood arrived at the groin not being able to obtain a passage through the crural vein, escaped by the orifice of the saphena, and from it, reversing by its force the natural course of that which came from the abdominal parietes, it passed towards the heart through the superficial veins; one of them uniting with a thoracic vein, discharged the fluid into the axillary trunk, and the vena cava descendens poured it into the right auricle. The patient experienced few inconveniences; there were some premonitions of a pleuro-pneumonia, which excited fears for a moment of the common consequences of phlebitis, the passage of pus into the circulation. But being promptly met, these serious symptoms were soon dissipated. M. Louis restricts himself, as regards active treatment, to bleeding, often repeated. By these means, and the admirable efforts of nature, the œdema almost entirely disappeared, and the patient was discharged almost perfectly well.

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16. *Action of Cold on the Lungs.*—It is stated in our esteemed cotemporary, the *Journal de Médecine Pratique* for August last, that M. Flourens has made some important experiments relative to the action of cold upon animals. A

young bird suddenly exposed to a great and continued cold, is seized with so violent an oppression of the chest, as to become instantly motionless, respires with extreme pain, ceases to eat or drink, and dies in a few hours with acute pneumonia. In this case the lungs on examination appear of a deep red colour, and are gorged with blood.

If, on the contrary, the cold is increased slowly, and with interruptions, the bird is affected with *chronic pulmonary inflammation*, and in this case its lungs are red and gorged with blood in some places, and in a state of suppuration in others.

These results led M. F. to think that he had a direct method of investigating one of the most serious diseases with which mankind are afflicted, pulmonary consumption. He wished to ascertain, 1st, whether in certain given cases, cold alone sufficed to produce this disease; 2d, whether in these same cases it was sufficient to avoid the cold in order to escape the disease; 3d, finally, whether this disease commenced by cold could not be cured solely by a moderate temperature.

With this view, having taken a number of pullets of the same brood, he placed some in a place constantly preserved of a mild temperature: none of them were affected with phthisis pulmonalis. Some of them were exposed to all the variations of the weather; almost all died of phthisis pulmonalis, after having passed through all the degrees of consumption. Finally, others, after having been exposed like the preceding to all the atmospheric variations, and after having shown like them evident signs of phthisis, were placed in a place constantly kept of a mild temperature: most of them recovered their strength, and some months afterwards were completely cured.

It is important to compare the lungs of the cured pullets with lungs of those which had died of phthisis. In the latter, the lungs, the trachea, and the bronchia were filled with purulent matter, of a deep gray, and of a fœtid odour, sprinkled with an infinite number of black points; the tissue of the lungs was gorged with blood, softened, as if putrified; many of its cells were red and full of pus; others exhibited black points similar to those with which the purulent matter was sprinkled, and in many of these points there was a small, hard, crepitating body, of a white colour, and of an osseous, corneous appearance. In those pullets which were cured, some portions of the lungs exhibited nothing but depressed, closed cells, where traces of black points which they had contained when diseased were still visible.

From all these experiments, M. F. concludes, 1st, that cold does not act solely upon the organization and life collectively and in mass; 2d, that it acts especially, and by a particular and determined action, upon the respiratory organ; 3d, that it acts upon this organ in two distinct modes—one which produces an *acute inflammation*, and is promptly fatal; the other which produces a *chronic inflammation*, which is *phthisis pulmonalis;* 4th, finally, that a moderate and constant warmth always prevents the attack of phthisis pulmonalis, and that often even after the attack it arrests its progress.

These experiments as yet only bear upon *accidental* or *acquired* phthisis; the author proposes to extend them to *congenital* or *tubercular* phthisis, to which certain mammifera, the ruminantia and gnawers, are particularly subject. But we see already from these, on the one hand, the assistance we may derive in illuminating human pathology by observations on the diseases of animals, and they show clearly, on the other, that the good effects which have long been observed from mild climates, arise from their producing the cicatrization of the ulcerations and inflammation of the lungs caused by cold climates.

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17. *M. Broussais's Opinion respecting the Seat of Intermittent Fever.*—M. Guerin de Mamers, in a memoir in the *Journal des Progrès, Vol. II.* 1830, asserts it to be M. Broussais opinion, that irritation of the stomach is the primitive element of intermittent fevers. This is denied in M. Broussais's Journal for August last, and it is said that this learned professor has seen larvaceous fevers,

and knows well that intermittent irritations may manifest themselves in the different organs without the participation of the stomach.

18. *On the Chemical Solution of the Stomach after Death.*—In the *Transactions Medicales* for October last, there is an interesting memoir on this subject by M. Sandras. M. S. has carefully repeated the experiments of Dr. Carswell, of which we gave an account in our last number, and has extended and varied them, and he denies the correctness of the conclusions obtained by Dr. C. He says that experiments on rabbits, whose nourishment and digestion are so different from those of man, do not afford any conclusions which can be justly applied to explain the phenomena in man. M. S. in repeating the experiments of Dr. C. on rabbits, has not always found the results in accordance with those observed by the former. But M. S. has also tried similar experiments on animals whose food and digestion are more similar to man than are those of rabbits, as cats, dogs, &c. and the results were entirely dissimilar from those obtained by Dr. C.

MATERIA MEDICA AND PHARMACY.

19. *Tartar Emetic Ointment.*—The activity of this ointment is to a considerable extent proportional to the fineness of the powder of the tartar emetic; and as it is frequently carelessly prepared with the tartar emetic as found in the shops, we need not be surprised that in many instances it disappoints the expectations of the practitioner. The reduction of the salt to a proper degree of minuteness requiring some time and labour, M. Mialhe recommends that a saturated solution of it in cold water be made, and that it then be precipitated with alcohol; a very small quantity of the latter, will suffice, he says, to precipitate the emetic in the form of a powder of extreme tenuity. The precipitate is to be collected on a filter and dried. This added to simple cerate, two drachms of the former to an ounce of the latter, will make a very active ointment.

20. *Efficacy of Secale Cornutum in Hæmorrhages.*—Dr. Spazani relates in the *Ann. Univer. di Med.* for March, cases of menorrhagia, epistaxis, uterine congestion, hæmoptisis and hæmaturia, which he cured with *secale cornutum.* He thinks the medicine contra-stimulant, and that it possesses a peculiar action on the minute vascular ramifications.—*Lond. Med. and Surg. Journ. Oct.* 1830.

21. *Experiments on the Bromures of Mercury.*—Dr. Werneck has instituted some experiments on the action of the proto and deuto-bromuret of mercury, which seem to prove that the effects of the proto-bromuret are very analogous to those of the proto-chloruret of mercury; it particularly promotes the urinary secretion, and does not so readily induce salivation. Dr. W. has employed it under the same circumstances as those in which calomel is employed, and with similar success.

Dr. W. has experimented with the deuto-bromuret only in small doses insensibly increased; the same effects resulted as from the use of corrosive sublimate; it acts especially powerfully on the secretion of urine, and also upon the cutaneous transpiration, to which it should perhaps be preferred in herpetic affections. It does not produce salivation so quickly as the corrosive sublimate; it affects the stomach and chest less; it agrees as well as the deuto-chloruret of mercury with individuals who have a scorbutic disposition.

Dr. W. has successfully employed the solution of the deuto-bromuret of mercury in cases of chancres, buboes, and different consecutive syphilitic affections.

Dr. W. relates a case of chancres of the scrotum, buboes and ulcers of the throat following chancer of the glans, in which he employed the solution of deuto-bromuret of mercury, (one grain of the medicine dissolved in two ounces of distilled water, thirty drops morning and evening,) with complete success. The solution was also applied by compresses and gargles to the ulcers. The dose was gradually increased until the patient took one hundred drops twice a day.

Dr. W. has satisfied himself, by subsequent experiment, that the best form in which the deuto-bromuret of mercury can be administered, is dissolved in sulphuric ether, according to the following formula:—℞. Deuto-bromuret of mercury, gr. j.; sulphuric ether, ʒj.; solve. From ten to fifteen or twenty drops to be taken in a small quantity of barley water every day after dinner.—*Gazette Medicale, No.* 33.

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22. *Chlorine an Antidote to Hydrocyanic Acid.*—MM. Persoz and Nonat have verified the favourable results which M. Simeon had obtained relative to the remedy which chlorine affords against prussic acid. They operated upon three dogs, upon the eyes of which a drop of prussic acid had been placed. Dividing the symptoms in three periods, namely, 1, uneasiness, 2, tetanus, 3, interrupted respiration, they found that when chlorine was applied in the first period, the relief was immediate, the respiration became regular, vomitings and alvine discharges occurred, the animal gradually regained its strength, rose unsteadily, and, in about half an hour, was as lively as at first. Applied at the second period, the symptoms were arrested, but the restlessness continued awhile; and though respiration was less painful, the convulsive movements continued for ten minutes, then occurred vomitings, &c. as before, and at the end of an hour, the animal was perfectly well. The two dogs thus treated, being tried next day with the same quantity of prussic acid, but without chlorine, died in a few minutes.

In the third case, all the effects of the prussic acid were produced before the chlorine was applied: the respiration had ceased for twenty-five seconds, and the animal was rapidly perishing; but the chlorine not only recalled it to life, but ultimately restored it to full vigour: the full effect only occurred, however, after some hours. Ten days after it was quite well, and the paralysis of the abdominal parts, which occurred in all, had in this case entirely disappeared.

After this, MM. Persoz and Nonat sought to ascertain whether the prussic acid, being absorbed into the vessels and tissues, the chlorine would follow and decompose it. Two dogs of equal strength were taken, the crural veins laid bare, and separated from the neighbouring parts, and especially the accompanying nervous fibres; then a drop of prussic acid was put upon each vessel. The effects were instantaneous; a few drops of chlorine, (solution,) were let fall on one of the crural veins; the other animal was left alone. The first was as immediately recovered as it was injured; the second died directly. The first felt no inconvenience after some hours, except from the wound. Endeavours were then made to kill him, by putting prussic acid upon the eye, and upon the crural vein of the opposite side; but the animal only felt temporary inconvenience, and a few convulsive movements, and was very quickly at ease. Hence it appears that the chlorine administered beforehand is taken into the circulation, and is then an effectual remedy against prussic acid.

Trials made with the chlorides of lime and soda, in place of chlorine, showed that they possessed no corresponding powers, being quite inert as antagonists to the hydrocyanic acid.—*Journal of the Royal Institution of Great Britain, No. I.*

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23. *Salicine.*—A very important memoir by M. Leroux, which was presented to the Academy of Sciences, has been most favourably reported upon by MM. Gay Lussac and Magendie. It relates to nothing less than the discovery of a principle in indigenous plants which may replace quinia and cinchonia as medical remedies. Being aware that the willow had been employed advantageously as a bitter and febrifuge, M. Leroux sought in it for some active princi-

ple, and ultimately sent two preparations to the Academy, one called salicine, the other sulphate of salicine. He at first thought the new principle was a vegeto-alkali, but when afterwards in Paris, he convinced himself that it had no power of neutralizing acids, did not combine with them, was rendered uncrystallizable by them, contained no nitrogen, and was not a vegeto-alkali. The sulphate was a mistake.

Salicine is in the form of very fine nacreous white crystals, very soluble in water and alcohol, but not in ether; it is very bitter, and partakes of the odour of willow bark. In order to obtain it, three pounds of the bark of the willow, (Salix helix,) dried and pulverized, is to be boiled in fifteen pounds of water, with four ounces of carbonate of potash, for an hour; it is to be filtered, and, when cold, two pounds of solution of sub-acetate of lead added; when settled, it is to be filtered, treated with sulphuric acid, the rest of the lead precipitated by sulphuretted hydrogen, the excess of acid neutralized by carbonate of lime, again filtered, the liquid concentrated and saturated by dilute sulphuric acid, then boiled with animal charcoal to remove colour, filtered hot, crystallized repeatedly, and dried without access of light. About one ounce of salicine will be obtained in the large way; probably twice the quantity would result, for great loss is occasioned by the above numerous operations. It may be preserved in well-closed bottles, and does not attract moisture.

As to the medicinal powers of this substance, M. Magendie states, that his own experience of its effects in intermitting fevers is favourable, and that he has seen three doses, of six grains each, stop a fever. He quotes the experiments of MM. Miquel, Husson, Bally, Girardin, Cognon, &c. at the hospitals and elsewhere, in its favour: they all agree in its anti-febrile power, and in stating that from twenty-four to thirty grains of salicine will arrest the return of the fever, whatever may be its kind. This is nearly the same as the dose of the sulphate of quinia.

In concluding, the commissioners state that M. Leroux has discovered in the willow, (Salix helix,) a crystallizable principle which approaches sulphate of quinia in its anti-febrile power, and that this discovery is, without contradiction, one of the most important that has been made for many years in pharmaceutical chemistry.—*Journal of the Royal Institution, No. I. from the Ann. de Chimie.*

PRACTICE OF MEDICINE.

24. *Employment of Belladonna in the Treatment of Obstinate Intermittent Fevers.*—Professor Hufeland says that a long and frequent experience authorizes him to recommend the root and the plant of belladonna as a cure for obstinate intermittent fevers. In two cases in which the fever had continued for many months, and in which the quinquina and other means had been unsuccessfully employed, he finally gave the root of belladonna, in the dose of one grain morning and night, and at the same time a drachm of the extract of chelidonium daily. In less than eight days the fever ceased and did not again reappear. —*Bull. des Sc. Med. June,* 1830, *from the Journal der Pract. Heilkunde, Dec.* 1829.

25. *Employment of Belladonna in Hooping-cough.*—Notwithstanding all that has been said against the use of belladonna in hooping-cough, Dr. Miquel of Neuerhaus, says that it is a remedy upon which he can always depend in this disease. In the course of many epidemics, which he has observed during fifteen years, he has constantly cured the cough in eight days, by the use of this article. But he is obliged to administer it with certain precautions; thus, in cases of plethora, of gastric disorder, he cures these states before prescribing the belladonna. Dr. M. prescribes the belladonna from the commencement if

there is no plethora; his experience has shown him that it is necessary to give it in increasing doses, until the signs of narcotism begin to appear. Then without discontinuing its use, he lessens the doses, so that each dose occasions some slight agitation of three quarters of an hour, or an hour's duration. He says that no remedy loses its efficacy so quickly as the belladonna. When the root has been gathered a year, it may be given in the dose of two-thirds of a grain, repeated three times a day in children of two years of age, without any remarkable effect resulting. The fresh root, on the contrary, acts very sensibly in the dose of an eighth of a grain.—*Archives Générales, August,* 1830, *from Archiv. für Mediz. Erfahrung,* 1829.

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26. *Membranous Inflammation of the Cheek.*—The affection, according to M. Guersent, the distinguished physician of the Hôpital des Enfans, differs from the gangrena oris in being a much milder disease. It is more frequent in infancy than in adult age, on the right side of the mouth than the left. In the onset the mucous membrane of the cheek appears a little swollen, and beneath the epidermis there form little membranous patches, which run into one another, and spread over the cheek, the gums, the tongue, and the neighbouring parts. The glands of the neck are more or less enlarged, but as yet there is no ulceration of the cheek. In the second stage the cervical glands are more swollen, the face is tumid, the breath fœtid, the layers of false membrane become detracted and assume a grayish colour, and a copious sero-sanguineous discharge adds to the miseries of the little patient. There is usually little fever, the pain varies in different subjects; the salivary secretion is abundant. In the third stage the disease proceeds more slowly, and may terminate either in gangrene or in resolution. If the latter, the sloughs having come away, the denuded surface is surrounded by a reddish areola, which contracts the sore from the circumference to the centre, whilst absoption appears to be at work on the border of the membranous exudations. In other instances, when the affected surface is extensive, absorption proceeds in various places, even from the commencement of the malady. The disease may disappear, and again return several times in the same individual. When the disease extends to the sub-mucous cellular membrane, it it liable to end in gangrene, but this never possesses the malignity, nor advances with the rapidity of the true gangrena oris.

The disease is seldom attended with danger; is not, in M. Guersent's opinion, contagious; is chiefly developed in children debilitated by chronic affections, bad food, or hospital air; often follows the small-pox, and other eruptive diseases, and appear to depend on a general alteration of the fluids. It seldom passes from the mouth to the pharynx, but one example of this kind was observed two years ago in the practice of M. Jadelot.

With respect to the treatment, topical applications only are important. If much pain is felt, and the glands of the neck are considerably enlarged, the employment of leeches is advantageous. A mixture of muriatic acid and honey in equal parts, or made stronger if necessary, is, according to M. Guersent, the best application. He is likewise very partial to the nitrate of silver, taking care not to break it in the infant's mouth. If other diseases co-exist with that under consideration, the general treatment must, of course, be adapted to the particular case.—*Med. Chir. Rev. Oct.* 1830, *from the Journal Hebdomadaire, No.* 91.

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27. *On Diet.*—Deficiency of alimentation in patients, says M. Charbonnier, has serious inconveniences, numerous examples of which have been latterly observed, and we must say that a misconception of the elementary principle of physiological medicine has contributed to multiply them. Many practitioners having an imperfect knowledge of this theory, believe that we, (physiological physicians,) give a purely pathological meaning to irritation; and they endeavour to overcome irritation, in accordance with this prepossession, by depriving

their patients of all stimulants. These physicians are ignorant that according to our doctrine life cannot be maintained without a certain degree of this irritation, and that to know how to bring it back, and to restrain it at its healthy standard, is in our view to know the art of curing and preventing diseases. The alimentation of patients is doubtless an important object of consideration, and one for which it is difficult to prescribe general rules. It is here necessary to be guided entirely by the physiological state of the organs, and the action which modifiers exercise on them.—*Annales de la Medecine Physiologique, August*, 1830.

28. *New Mode of Administering Sulphate of Quinine in Intermittent Fevers.*—We find in the *Journal Universel* for June last, an interesting paper on this subject by J. P. Pointe, which originally appeared in the *Gazette de Santé*. The most valuable of all the preparations of the Peruvian bark is certainly the sulphate of quinine, but being the most active, it is extremely liable to excite too much the mucous membrane of the primæ viæ, and as this excitement in some cases may be productive of fatal results, in such instances its administration by the mouth is inadmissible. This inconvenience has led to the employment of the article to the corion of the skin, the cuticle being removed by a blister; this method is sometimes painful, and is said sometimes to have caused gangrenous sloughing of the part. Dr. Pointe proposes a new method of employing the article, by which all inconvenience he thinks is obviated. This method consists in applying the remedy to the gums and mucous surface of the lips by friction. He says that it has been employed in thirty cases with success; he relates six of these in the journal above alluded to, two of them communicated by Dr. Brachet. He says that if the bitter taste of the medicine should be very unpleasant to the patient, it may be to a degree obviated by gargling the mouth with an aromatic infusion immediately after the frictions.

29. *Tetanus cured by Injection of Opium into the Veins.*—MM. Percy and Laurent have cured three Russian soldiers affected with tetanus by injections of opium into the veins.—*Journal des Progrès, Vol. III.* 1830.

30. *Tetanus cured by Injections of Datura Stramonium.*—Twenty-four grains of datura stramonium, dissolved in half an ounce of water, or a strong decoction of this plant, have been successfully injected into the veins in some cases of tetanus. According to MM. Percy and Laurent, the authors of these trials, the happy effects of this medication should be referred to the production of a kind of general paralysis favourable to the cure of this disease.—*Ibid.*

31. *Epistaxis.*—A very obstinate case of this is related in a late No. of the *Journal Hebdomadaire*, occurring in a man, aged seventy, affected with general scurvy. The hæmorrhage from the nose repeatedly recurred, though temporarily arrested, and all other means having failed, it became necessary, the patient having become almost exsanguineous, to plug up the nose and posterior opening into the fauces. Even this, however, did not permanently arrest the hæmorrhage, the blood after a short time flowed in uninterrupted jets through the two right lachrymal puncta. This was arrested by slight pressure continued for a short time.

32. *Homöopathic Treatment of Diseases.*—Case I. A feeble emaciated woman, aged sixty-two years. She had suffered from repeated attacks of pneumonia and difficulty of respiration. In one of which there was burning heat, pain in the right breast, disturbed sleep, pain of the head and eyes, dilated pupil, flushed face, dry tongue, loathing of food, dryness of the mouth and fauces, hurried and oppressed respiration, with frequent cough. Dr. Rau prescribed the billionth part of a drop of the expressed juice of aconite, mixed with a drachm of water. In

half an hour's time she experienced a creeping sensation in the members, with a gentle perspiration upon the surface. The oppression was immediately relieved, the respiration became free, and about midnight, a warm perspiration diffused itself over the body, she slept quietly, and in the morning seized the doctor by the hand, and told him she was entirely well!!!

Case II. We shall now detail a case of nervous fever, which, from the symptoms, must be admitted by all to have been of a formidable character. The patient was a woman aged thirty-seven years, of spare habit and phthisical conformation. She was attacked with burning heat of the skin, violent pain of the head, darting of the muscles, loss of appetite, and general lassitude and uneasiness. She passed a sleepless night, and on the succeeding day, the head-ache had for the most part left her, but she complained of vertigo and constriction about the chest. Dr. Rau was called to her assistance in the evening. He found her sitting up in bed in a state of great inquietude. Her hands were tremulous, and in a constant state of involuntary motion, as in St. Vitus's dance. Her eye-lids were turned, her eyes swimming in tears, and her lips livid. She made frequent ineffectual efforts to expectorate, and her fauces appeared to be perfectly dry. Her chest was covered with numerous petechia. Her abdomen was tense and hard, although she had an operation in the morning, and the menstrual flux had been for the last twenty-four hours inordinately profuse. The extremities were cold, and the pulse scarcely perceptible. She could not reply when interrogated, but when asked repeatedly if she felt any pain, placed one hand to her back, and the other upon the chest, and made a full inspiration. Dr. Rau observing the general character of the symptoms, and their analogy with those excited by stramonium, ordered the billionth part of a drop of the expressed juice of that plant in two drachms of water. In the course of half an hour, consciousness and the power of speech were restored. She now complained only of weakness and swimming of the head, and did not remember any thing that had transpired. On the next morning she was found by her physician in a tranquil state, and had slept for several hours. She had not complained of much thirst and had taken a small quantity of milk. The tongue was covered with a yellowish incrustation, and was moist. The eyes were less suffused and mattery, the pupils were, however, widely dilated. While in the act of conversing, her eyelids became heavy, and she fell asleep. Her slumbers were, however, often interrupted, and there were frequent twitchings of the muscles of the face and extremities. These symptoms were considered the consequence of an inordinate action of the stramonium, consequently no other medicine was ordered. At mid-day, however, these soporose symptoms still continuing, a very minute dose of the expressed juice of the hyoscyamus was administered, and this woman was able, at the expiration of eight days from the period of her attack, to resume her ordinary occupations.

Case III. Adam Klipert was affected with dropsy, attended by the following symptoms. The whole body was inordinately swollen; he complained of heaviness of the head; his eyes were heavy; his tongue white; and his thirst extreme. He also felt oppressed about the stomach, experienced a griping pain about the navel whenever he felt an inclination to go to stool, and only passed a small quantity of yellowish slime. He was remarkably debilitated, complained of coldness of the whole body, had a frequent inclination to pass urine, without the ability to void more than a few drops. A single very minute dose of the tincture of black hellebore relieved all the symptoms in the course of a few days.

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33. *Hæmoptysis succeeded by Ulceration—Hectic Fever—Relieved by Iodine Inhalation.*—A female, aged thirty-four, of delicate form, with rather narrow, yet not an ill-formed chest, of fair complexion, with dark eyes and white teeth, the mother of several children, having been much debilitated by three miscarriages within the last two years, and suffering from a severe cough, consulted me in February of the present year. In the history of her case, she related that four years ago she first contracted a violent catarrhal cough, which had since con-

tinued always troublesome, with the exception of an intermission in the summer months; that in January she had coughed up blood to the amount of a teacupful; and from that time had been affected with constant cough, pains of the chest, with quickened and difficult respiration, frequent palpitation of the heart, inability to lie on the right side, and one very distinct paroxysm of hectic fever in the middle of the day, and a slighter one in the evening. There were copious night sweats: she was much wasted in flesh: the catamenia had been suspended two months: the pulse was 120; the animal heat 99°: the expectoration was in quantity about four ounces in the twenty-four hours, of a general puriform appearance, and gave a ring of colours in the optical experiment: the digestive functions were not much disturbed; but the urine deposited much lateritious sediment.

The following indications appeared from the stethoscope and percussion:—The voice was brought distinctly under the tube at the apex of the right lung, and there was obscure *gargouillement* at that part. The sound was dull at the upper part of the right lung, and very remarkably so on percussing the clavicle. The left lung was comparatively in a healthy state.

I prescribed a weak solution of iodine for the inhalation; internally, from one to two minims of the solution of acetate of morphia; and the following draught before rising in the morning:—℞. Magnes. sulphat. ʒi.; Infus. rosæ, ʒxii.; Acidi hydrocyan. ♏i.; Syrupi tolutan. ʒi.—M. fiat haustus. The chest all round was washed night and morning with the compound vinegar lotion.

The diet was limited to boiled fish, vegetables, and farinaceous puddings. At the end of a few days she found herself improved, and particularly as to the greater facility of expectorating, more ease of chest, and better respiration. The cough, however, still being very irritable, I added conium to the inhalation.

The mitigation of the symptoms was now very obvious, and, at the end of a fortnight, the amendment was great: but about this period she took cold, and suffered severely for twenty-four hours from disorder of the bowels and from spasms which appeared to proceed from uterine irritation. The cough became more irritable; but otherwise the pulmonary symptoms were not aggravated. I changed the inhaling mixture for one consisting of conium and prussic acid. This indisposition soon yielded to treatment, and the iodine inhalation with conium was resumed, and with an increased proportion of iodine. At the end of a month her appearance was remarkably improved, and all the symptoms were relieved. The pulse was reduced to 80; the animal heat to 95°; the respiration appeared unembarrassed; the cough was comparatively slight; the sputa small in quantity, and much improved in character; there was no longer hectic fever; and the night sweats were much lessened. She had gained flesh, and some improvement of strength; yet she still complained of great debility.

She had been most attentive in the use of the inhalation three times a day, and extolled it as the source of her improvement. For the last week she had discontinued the morphia at night, and took no other medicine than the mild aperient draught occasionally. The most urgent symptoms being subdued, I now directed my attention to the improvement of the strength. I prescribed the following draught:—℞. Acidi hydrocyan. ♏i.; decoct. cinchon. ℥i.; mist. amygd. ℥ss.; aquæ menth. virid. ʒii.—M. fiat haustus bis die sumendus.

She was desired to use the inhalation only twice in the day. She took mild animal food each other day, and at dinner two ounces of old port in a tumbler of cold water. She continued the use of the vinegar lotion. She took carriage exercise when the weather was favourable, and walked out occasionally.

In another fortnight I prescribed a saline bark draught, omitting the hydrocyanic acid, and allowed her to take meat or poultry every day. She continued to amend regularly. The catamenia returned. Three months having elapsed, she had recovered so completely that no further treatment appeared to be necessary. For the last week she had inhaled only once a day. She improved in flesh, and was so much stronger, that she declared herself better in health altogether than she had been for six or seven years.

This lady having removed to a distant part of the country, I have no opportunity of ascertaining the present state of her chest by auscultation, but I have the satisfaction of hearing that she continues perfectly well.—*Scudamore on Inhalation of Various Medicines in Consumption, &c.*

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34. *Case of Habitual Asthma relieved by Inhalation.*—A gentleman, aged twenty-seven, slight in figure, and having that form of chest which is commonly called "pigeon-breasted," had been asthmatic from his infancy, and two years before the occasion of consulting me experienced a dangerous inflammation of the lungs, which had left him almost constantly suffering more or less from irritable cough, and especially in the winter season.

When I first saw the patient, he was evidently labouring under bronchitis. The symptoms were very urgent, but wholly of a chronic character. The cough was extremely irritable; the bronchial secretion copious, viscid, of disagreeable odour, and of greenish colour. The respiration, always in some degree embarrassed, was now much hurried, in number 32 in the minute, and distressingly accelerated on going up stairs, although he ascended with much care. He complained of a sense of stricture and oppression of the chest, some sense of tightness in the trachea; had considerable difficulty in lying down in bed, and when he arose in the morning, the struggle to free the air passages from the secretion which had been collected during the night, was often so severe as to weaken and render him languid for the whole day. The pulse was 96; the animal heat 95°. On each side, the stethoscope indicated much mucous rale, and there was a considerable degree of resonance.

The digestive organs were not in a healthy state: the appetite was impaired, the bowels were irregular, the biliary secretion was deficient and vitiated, and the urine deposited much lateritious and mucous sediment. The patient was thin, and had the appearance of being worn and debilitated. He said that he always felt weary, languid, and wretched.

I prescribed internally at first mild aperients and alteratives, as preparatory to the use of the alkaline sarsaparilla mixture; the inhalation of iodine alone, or conjoined with conium, directing him to add the latter ingredient only when the cough was irritable; and further, that when the asthmatic embarrassment was troublesome, he should add some saturated tincture of stramonium. I desired him to wash the chest daily with the compound vinegar lotion; its application being followed by the use of the flesh-brush. The result of this treatment was perfectly satisfactory. He made the following report of the effects of the inhalation:—He used it regularly on first rising in the morning, sometimes before quitting his bed, and immediately obtained a facility of expectorating, which superseded the necessity of the usual cough, and prevented its taking place in any troublesome degree. The breathing was rendered easy, and the chest light and comfortable: a happy exchange, he said, for the feelings of oppression and restraint which formerly always affected the windpipe and the chest more or less severely. He repeated the inhalation in the middle of the day: for the most part, he employed the iodine mixture separately, as he conceived that it acted more strongly as an expectorant when thus used; although occasionally he found the advantage of adding the other ingredients.

On the further plan of invigorating the constitution of this patient, I took the earliest suitable opportunity of directing the use of a graduated shower-bath, and the employment of dumb-bells.

The permanent method of treatment then consisted of the use of the iodine inhalation every morning early, the occasional repetition of it during the day, the continuance of the tonic alterative, the sarsaparilla mixture, the shower-bath, &c.

Observations.—It could not be expected that so confirmed an asthmatic patient should acquire the possession of perfect health; but it is satisfactory to report that the state of his chest was rendered, for the most part, very comfortable. He obtained every morning, by means of the inhalation, an effectual clearance of the bronchial tubes: by the use of the shower-bath, the ablution, friction, and dumb-bells, he gained a very marked increase of strength in the muscles of the chest, and in the body altogether; and his general health became equally amended.—*Ibid.*

35. *Case of Spasmodic Asthma relieved by Inhalation of Ether, Conium, and Ipecacuanha.*—A married lady, aged thirty-six, had been subject to attacks of spasmodic asthma for some years past, from which she obtained relief by the use of antispasmodic and expectorant medicines; but her stomach was often disordered by their influence, and she had recourse to them with reluctance. I was desirous of trying the comparative power of inhalation, and prescribed, for this purpose, a mixture consisting of æther, conium, and ipecacuanha. I subjoin a statement of its effects in the words of the intelligent patient.

"I inhaled the medicated vapour during fifteen minutes before going to rest. The first sensations it occasioned me, were slight fatigue in breathing, and an aching pain in the breast, which, however, subsided by degrees; and when expectoration took place, which occurred copiously within half an hour after the inhalation, I felt completely relieved. Afterwards, in the course of the night, whenever I awoke, (instead of feeling the oppression and the difficulty of breathing which often distress me,) expectoration, without effort took place, and, breathing easily and freely, I then slept again immediately. Usually, whenever I awake with the sensation of tightness across the chest, I do not sleep for an hour or two afterwards.

"During two days after the inhalation, slight expectoration continued; and ever since, (now ten days,) my breathing, both night and day, has been perfectly free."—*Ibid.*

OPHTHALMOLOGY.

36. *On the Treatment of Amaurosis by Strychnine.*—In our last No. p. 243, we quoted some interesting observations by Mr. Middlemore, on this subject, and we are now able to add further confirmatory evidence of the utility of strychnine in amaurosis. Dr. Shortt relates in the *Edinburgh Medical and Surgical Journal* for October last, nine cases of amaurosis, eight of which were decidedly benefited by the use of strychnine, and in the ninth, which was complicated with deafness, although the vision was not restored, the hearing was much benefited. Dr. Shortt considers strychnine to act purely as a stimulant, either of the nervous matter of the nerves, or of the capillary system, and it is therefore only in cases of paralysis of the optic nerve, and those arising from congestion, that it can be advantageously employed. Dr. S. further observes, that in such cases, its beneficial operation is considerably aided by the previous use of mercury, possibly either by exciting the nervous system, by rousing the energy of the capillaries, or by increasing the powers of absorption, or by all three conjointly. Dr. S. observes, that he cannot positively say whether the effects of strychnine are lasting, but he believes it to be so if properly used; and he asserts that in no case in which he has tried it was vision injured where the disease existed in one eye only, or where sight was not entirely destroyed. In no case did constitutional evils arise from its use.

"In delicate persons," adds Dr. Shortt, "or where the system is affected by mercury, I ought to add, the strychnine should be commenced in small doses, *e. g.* not exceeding a quarter of a grain, and increased daily until it produces sensible effects on the constitution, such as head-ache, pricking pains over the body, or tremors, when it should be discontinued, and, on resuming it, the dose should always be considerably reduced. Where unpleasant symptoms arise, I can suppose that camphor in large doses, or an opiate enema, suited in strength to the violence of the symptoms and the constitution of the patient, or, as recommended by M. Lembert, the application of morphine in small doses, sprinkled on the blistered surfaces, will be found to give relief; but in no instance have I judged it necessary to employ any of them. Several of the cases here detailed were attacked with erysipelas, which strychnine seems prone to occasion; but they were invariably relieved by simply rubbing about a drachm of mild ointment or cold cream over the diseased surface every four hours. Mr. Fife, surgeon of the Eye Infirmary at Newcastle, has employed strychnine internally in several amaurotic cases, accounts of which he has had the kindness to send to me."

We select two or three of the cases related by Dr. Shortt.

"Case I.—Peter Hamilton, æt. 22, an iron-founder, admitted 16th June, 1829, can only distinguish light from darkness. Both pupils are much dilated, the right more than the left. The iris in both is sensible to the stimulus of light. The eyes are clear, and, with the exception of a slight squint, present a natural appearance. This state of vision has continued two years. His account of its commencement is as follows:—

"Having been for some years daily working under exposure to the heat and light of an iron-founder's furnace, he became affected with indistinctness of vision, accompanied with flashes of light when looking at minute objects, or when stooping. This indistinctness became gradually more and more obscure for fifteen months. At the end of this time he could only distinguish light from darkness, and has remained in that state nine months. His general health had all along been quite good.

"17*th.* The temples were shaved and blistered, and one-eighth of a grain of strychnine dusted the following day on each side.

"*June 23d.* (6th day.) Within the last week a blister has been twice in succession applied to each temple, and to the raw surfaces, first one-eighth, then one-fourth, and to-day half a grain of the powder of strychnia. The pupils are less dilated, and the iris readily contractile; strabismus almost gone; tongue rather foul; bowels open.

"25*th.* Can to-day distinguish colours pretty readily, especially with the left eye, the iris of which is less sensible than that of the right. Half a grain was applied to each temple.

"26*th.* Still continues to improve, and can distinguish yellow and red colours; some head-ache, and tongue much loaded and white. Three-fourths of a grain to each surface; a cathartic mixture.

"27*th.* Less head-ache; sight considerably improved, for he can distinguish print from writing. One grain applied to each surface.

"28*th.* Vision more distinct. Had an additional grain and a quarter yesterday. Had 1½ on each surface.

"*July 2d.* (15th day.) Had 1¾ grains on the 30th. On the 1st, an attack of rigors, debility, sickness, vertigo, and head-ache, which are now gone, but feels weak. Can now clearly distinguish objects placed at the distance of some paces, and reads easily the hour upon a watch by evening twilight; iris of both eyes quite sensible. Intermit strychnine.

"4*th.* Sight still further improved. Renew the blisters, and one-fourth grain of the powder.

"13*th.* Can now distinguish objects clearly at considerable distances. Pupils continue more contracted, although less than naturally. Strychnia from one-fourth to three-fourths of a grain has been applied as before.

"26*th.* Strychnia has not been applied since last report, from a sensation of violent heat over the skin.

"*August 4th.* Since the last report two grains have been applied to each temple without any obvious effect; but improvement in vision continues.

"16*th.* Has had two grains on each temple for eight days. Repeat blisters, and apply 2½ grains to each surface.

"*September 8th.* (79th day.) Since the last report he has been applying the strychnia every day, from 2 to 3½ grains on each temple without any constitutional effect, but with continued improvement in his sight.

"There were some days of intermission, when the blisters were obliged to be renewed. Yesterday he left the Infirmary, and attempted to work; but finding that the act of stooping occasioned dimness of sight, he returned the next day and resumed the strychnine, to the extent of three grains on each temple, and continued gr. ijss. to the 13th. It was then omitted, and on the 31st, when he could see perfectly, he was ordered to apply the vapour of ammonia for a few days. The eyes appeared quite natural, the squinting gone; and he was enabled to tell the time upon the Tron Church clock from the Infirmary windows, at the distance of 300 yards.

"CASE V. James Rankine, admitted July 7th, 1830. Two years ago he was suddenly seized with deep-seated pain over the right eyebrow, accompanied with dimness of vision in the right eye, from a constant appearance of small floating objects before his sight. The pain in a short time disappeared, but the amaurotic symptoms continued increasing till fifteen months ago, since which time he has been unable to distinguish light from darkness, unless with a very small portion of the inner side of retina. The iris of the right eye is of a dark hazel colour, that of the left gray. Pupil moderately dilated and regular; slightly sensible to light. Posterior part of the eye has a greenish hue; has no pain in the eye.

"Three months ago symptoms of incipient amaurosis commenced in the left eye, (not, however, preceded by head-ache, or pain in the eyeball.) These have since gradually increased, so that he is now unable to read print of a large size at a moderate distance. There is a constant appearance of *muscæ volitantes* before his eyes, and these have occasionally a dazzling brightness, and at other times assume the appearance of a reticulated web. Pupil moderately dilated, regular, and sensible to light; the posterior part of the eye seems natural. Health good; other functions natural. Blisters, purging, and mercury have been used without relief.

"On admission, the application of extract of belladonna to eyebrows caused great dilatation of pupils, but considerable impairment of vision.

"Blisters were applied to the temples, and *Pulv. Strychniæ gr. v.* at three different times to their surfaces, without producing any sensible effect.

"*Pilulæ Submur. Hydrarg. c. Opio* were then administered till ptyalism was produced; and while the system was under the action of mercury, blisters were applied to the temples; but no change in vision took place, till on the application of one grain of strychnia to their surfaces, violent vertigo, head-ache, and other symptoms of its action were induced. Vision at the same time was greatly improved, so as to enable him to read common sized print. The appearance of *scotomata* in a great measure removed, and the iris of the right eye rendered more sensible to light.

"The *Pulv. Strychniæ* was subsequently applied with the same effect in a slighter degree, and vision continued improving in the left eye, when, being a farm-servant, he was obliged to return to his work, and was dismissed by desire on the 24th July.

"CASE VII. Walter Henderson, æt. 43, admitted June 3d, 1830. Has had for twenty-two years almost perfect amaurosis of his right eye, a small portion only of the retina remaining sensible to light. It commenced after an attack of iritis, which was removed by the usual antiphlogistic remedies; but the symptoms of amaurosis continued increasing; and in a short time attained its present state. The iris is of a dark-brown colour, and insensible to light. Pupil moderately dilated, and irregular; posterior part of the retina has a greenish hue; has no pain in the eye.

"The left eye remained unaffected till two months ago, when the usual symptoms of amaurosis commenced in it, accompanied with those of iritis. The latter were removed by antiphlogistic treatment, but the amaurosis has continued still to increase. All objects appear to him covered with a dense mist, which at times has a dark-brown, at other times a light gray colour. It at first appeared in the form of *scotomata,* which have gradually increased so as to assume the above-mentioned appearance. Occasionally in the dark, flashes of light appear before his eyes. Is unable to read the largest print, and when walking the street constantly runs against obstacles which come in his way. Pupil is contracted, very irregular, and sluggish in contracting on exposure to light. The posterior part of the eye has a very slight greenish tinge; has no pain in the eye or head-ache; health good; other functions natural.

"After admission, the extract of belladonna was applied to the eyelids. By it the pupils were dilated, appeared very irregular, and vision at the same time much impaired. *Pil. Submur. Hydr. c. Opio,* were administered till slight ptyalism was induced, and a blister applied to each temple; but no change in the vision took place. One grain of *Pulv. Strychniæ* was sprinkled on the blistered surface without producing any sensible effect. Next day, however, on the application of two grains, slight head-ache, vertigo, and the usual symptoms produced by strychnia in a small degree, were induced. Vision in the left eye was at the same time considerably improved, so as to enable him to read print of a moderate size, and the cloudiness rendered much less dense. His system was again slightly affected with mercury. Blisters applied to his temples, and *Pulv. Strychniæ,* ij. grains, to their surfaces, which in a short time produced vertigo, head-ache, slight tremors, and other constitutional effects. Vision was also greatly improved. Has, during the treatment, had slight attacks of iritis, which were always removed by the application of belladonna to eyelids.

"Reported as follows:—August 9th. Is able to read the smallest print. *Visus Nebulosus* almost completely removed. Pupil of left eye still small and irregular; that of right moderately dilated, regular, and sensible to light. No change in the vision."

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37. *New Operation for Ectropion.*—Dr. J. F. Dieffenbach, of Berlin, has described, in a late number of *Rusts Magazin,* the following operation for the permanent cure of everted eyelid. A semilunar incision is first made through the skin a few lines within the edge of the orbit. This incision is to be made directly in the centre of the lid, and should occupy about two-thirds of its extent. The lip of the wound next the tarsus is to be dissected up, so as to loosen a considerable portion of the everted tarsus, when the whole thickness of the lid is to be cut through to the extent of the external wound. A small pair of forceps being now introduced into the wound, that portion of the conjunctiva to which the tarsus is attached is to be drawn out at the external orifice, and the edges of the wound, together with the retracted conjunctiva, are to be held together by means of from three to five small needles, over which a thread is to be passed, as in the hair-lip suture.

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38. *Hebdomadal Intermittent Ophthalmia.*—M. Hueter relates in the 13th Vol. of the *Journal für Chirurgie Augenheilkunde,* a case of ophthalmia which occurred regularly every eighth day, viz. every Friday. It commenced at two o'clock in the morning with violent pain, and terminated at night with an abundant flow of tears. The disease continued in this way upwards of a year. The subject of the case was a man aged upwards of thirty years.

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39. *Opacities of the Cornea.*—Dr. Shortt says that he is inclined to believe that in one or two instances strychnine applied for the cure of amaurosis was beneficial in removing opacities of the cornea, probably by its highly stimulating property occasioning rapid absorption.—*Ed. Med. and Surg. Journ. Oct.* 1830.

SURGERY.

40. *Excision of a Carious Rib.*—A shoemaker, aged thirty-eight, was admitted into La Charité, on the 23d of March, with a fistulous opening on the right side of the chest, leading down to the fifth rib. The latter, when examined by the probe, felt rough, denuded, and carious. A considerable quantity of puriform matter was discharged from the fistulous opening; the patient was debilitated, thin, and suffered from a troublesome cough, with expectoration of thick mucous sputa; but no positive sign of phthisis pulmonalis was present.

On the 24th of April, M. Roux proceeded to remove the rib. All the soft parts covering it were included between two semi-elliptical incisions, extending from the border of the axilla to near the sternum, and passing immediately under the mamma. By these incisions and the removal of the integuments included between them, the rib was exposed for the extent of five inches; the limits of the carious portion ascertained, and the latter, four inches in length, cut out by means of the chain saw; another small portion near the sternum presenting a suspicious appearance was also taken away. The pleura costalis adhered as usual to the inferior border of the bone, but above it was thrust inwards by a moderate collection of pus, which had no communication with the pleural cavity. The rib was quite carious, the superior border in particular and the internal surface being rough, deprived of its superficial laminæ, and chiefly affected about midway between its two extremities. The wound was simply dressed, and for two or three days the patient appeared to be doing well. Then, however, dyspnœa and symptoms of pleuritis on the right side appeared, and death speedily supervened.

Sectio Cadaveris.—The right side of the chest contained a considerable quantity of sero-purulent fluid with some flakes of recent lymph. The fluid was confined to the two lower thirds of the pleural cavity, the upper being closed from old and firm adhesions. The upper part of the lung contained many large and half-softened tubercles, principally situated opposite the second, third, and fourth ribs, which were all carious and broke with the greatest facility. The pleura at this part still continued sound. The apex of both lungs was loaded with tubercles, chiefly of the granular kind; some of them were softened, others were not; there was nothing like a vomica. No disease was discoverable in other organs.

The reporter remarks that he is not aware of the operation having been performed more than once in France, which was by Richerand in 1818. The patient died. Joshua Aymar, a surgeon of Grenoble, twice excised several carious ribs with success. The first patient was a woman, forty years of age, in whom the eighth and ninth ribs were diseased; the second a captain, whose fifth, sixth, and seventh were affected. M. Cittadini has recently published five cases of successful excision of one or more ribs. In all he opened the cavity of the pleura, and one patient nearly died from the admission of air into it. In the present case of M. Roux's, the tubercles of the lungs must undoubtedly be considered as contributing essentially to the unfavourable character of the case and the fatal pleuritis. At the same time the result is calculated to point out the uncertainty that must always hang over this operation, and deter practitioners from engaging in it wantonly or without the most cautious deliberation. —*Med. Chir. Rev. Oct.* 1830, *from the Journal Hebdomadaire, No.* 86.

41. *Removal of a great part of the Lower Jaw.*—A country woman, aged twenty-seven, was admitted into La Charité, on the 1st of May, with a knobbed, irregular tumour of the gum and body of the lower jaw on the left side. It was hard in some parts, soft in others, and appeared to embrace both sides of the jaw from the symphysis of the chin to the last molar tooth. The mouth was distorted, the tongue pushed over to the opposite side, deglutition difficult, and the articulation of some words impaired. It had commenced with violent

pain in the teeth of the left side, which continued for several years without any permanent amendment. The maxillary tumour had been coming on for two years prior to her admission. On the 8th of May, M. Roux proceeded to remove the diseased portion of the jaw. He began the operation by thrusting the point of a straight bistoury through the cheek, about half an inch below the edge of the lower lip, prolonging the incision as far as the region of the os hyoides, and carrying it from thence in a curved direction to just below the projection of the left malar bone. A crescentic flap was thus formed, the convexity looking downwards, and the two extremities extending from the chin to the prominence of the cheek. The flap was detached from the subjacent parts by a rapid dissection from below upwards, by which the maxillary bone and the tumour were perfectly exposed. A common saw was then made to work upon the jaw between the right canine tooth and contiguous incisor, and with some little difficulty the bone was cut across. The other division was made a little before the last molar tooth, and beyond the limits of the disease, which was done with the chain saw. The diseased parts were soon dissected out, several small vessels secured, and the integuments brought together by seven separate sutures. All has hitherto done well, and the wound is now nearly healed.

On examining the tumour, it was found to consist of a fibrous mass, alternately reddish and white, enveloping all the portion of bone that had been removed. This had acquired a spongy texture and considerable size, resembling the medullary sarcoma, and communicating at intervals with the dental alveoli, the whole being encased in a thin envelope of firm consistence. The characteristic appearances were particularly well marked at the extremity of the excised bone corresponding to what remained attached to the ramus of the jaw, a circumstance calculated to inspire well founded dreads of the incomplete eradication of the disease. The reporter is of opinion that the disease began in the internal periosteum of the maxilla, and is fungoid and malignant in its nature.

The reporter remarks that M. Roux intends removing the remaining diseased part of the bone at a future opportunity. He thinks that an incision directed obliquely on the ramus will enable the chain saw to work easily and effectually. The reporter also eulogizes the idea of not dividing the angle of the lips as is usually done, but beginning the incision below.—*Ibid.*

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42. *Compound Fracture of the Forearm, with great bruising of the Soft Parts, successfully treated.* By W. Auchincloss, M. D.—James Connel, æt. 18, a collier, was admitted into the Glasgow Royal Infirmary, July 17, three hours after the accident. He had fallen from a cart passing along a rail-road in consequence of his right foot getting entangled in the spokes of one of the wheels. Four waggons, each containing 12 cwts. of coals, were said to have passed in succession over the right forearm, which lay extended across the edge of the road. The radius and ulna were fractured in several places about their middle, and the soft parts very much bruised and a little swollen. There was a wound an inch long on the outside. It was agreed, in consultation, to recommend amputation in this case, but to this measure the lad would not consent. The limb was therefore put up in splints, and otherwise treated as for simple fracture. Scarcely any fever ensued. The bandages, &c. were not removed during five weeks, at the end of which time the wound was found healed, and the bones perfectly united.

From the great degree of bruising of the soft parts, together with the comminution of the bones, caused by a heavy body passing over the limb, it was to be feared that in an attempt to save the arm in this case, the parts would have either sloughed, or the whole forearm been converted into a bag of pus. The only circumstance, which, in my opinion, prevented these consequences from taking place, was the uniform support given to the parts by the bandages and splints. In judging of the cure, however, it must be borne in mind that the lad was young and in the possession of excellent health. There is certainly no subject in the whole circle of surgery, in which a greater degree of judgment and skill is required, than in determining on the question of amputation in cases of compound fracture. When in doubt, we are imperatively called on to give the patient a chance. As in this instance, we not unfrequently meet with cases to succeed contrary to every expectation. The fact cannot be disputed that now much fewer limbs are condemned than was the case ten years ago.—*Glasgow Medical Journal, May*, 1830.

43. *Extirpation of a Large Tumour from behind the Lower Jaw.* By Adam Martin, M. D.—Jane Woolins, æt. 38, states that when a child, a small hard swelling was observed on the right side of her neck, under the base of the lower jaw. The ordinary domestic remedies for glandular affections had no influence upon it—on the contrary, it gradually increased, and when she was about eighteen years of age it had attained the size of a double fist. She afterwards got married, and gave birth to several healthy children. Her last confinement was about six years ago. At this period, the tumour, which had been slowly enlarging, began to increase rapidly, and on the 18th of October last, its site and dimensions are thus described in my memorandum-book:—The upper part of the tumour is placed over the ramus of the jaw, almost on a level with the malar bone; it reaches about three inches before and two inches behind the ear, the tube of which is displaced upwards, whilst its lobe is pulled down and stretched over the surface of the swelling. It is attached to the whole side of the neck, being bounded before by the trachea—backwards it extends considerably beyond the sterno-mastoid muscle, and below it rests upon and projects over the acromion process. The mouth cannot be fully opened, and a large lobule can be felt under the root and side of the tongue. The skin is much stretched on all sides of the tumour, is very thin, and in general moveable over the surface, which is knobby, hard, and streaked with veins. From the ear to the apex of the tumour it measures nine and a half inches; and from the mastoid process to the base close by the trachea, ten inches. Its circumference round the base is eighteen inches, and round the apex twenty inches. The patient feels giddy and confused, and has constant and frequently severe head-ache. Within the last twelve months she has been seized with epileptic fits, in which she is violently convulsed. I had twice an opportunity of seeing her in this state—once while taking a cast of the tumour, and again when she called on me the night previous to the operation. The weight of the swelling, the immediate danger of the fits, and the probability of death from apoplexy at no distant period, rendered her situation very distressing. Mrs. Woolins had frequently been the subject of surgical treatment, once in a London hospital, and repeatedly under private practitioners. Nothing effectual, however, was done for her relief. She had applied to me several years ago, but, from the difficulty which I then experienced of obtaining assistants on whom I could depend, I at that time declined operating. Circumstances being now changed, and the symptoms being more urgent, on the 22d of October, assisted by Mr. Cunningham, surgeon, Royal Navy, and Mr. Henry Belfrage, I proceeded to the operation.

The patient being seated in bed, and the tumour supported in such a way as to prevent its pressing on the vessels of the neck, and thus inducing a fit, an oblique incision passing below the ear was made from the back part of the tumour to the trachea. The skin, together with the ear was dissected up as far as possible, and the removal of the tumour commenced from above. A portion of it was found to dip deeply behind the ramus of the jaw, and to occupy the place of the parotid gland, which was partially absorbed. Strong ligamentous bands passing from the base of the jaw were next divided, and by cutting *on* the tumour, that part of it which extended under the bone close by the tongue, was easily separated. A second incision, uniting with the first at its extremities, and preserving a considerable flap of healthy skin, was next made at the lower part of the tumour, which after a little dissection was completely detached. The bag of the pharynx was now seen moving during deglutition, as well as the great vessels of the neck pulsating in the bottom of the wound. Although many arteries jetted vigorously on being divided, I was rather surprised to find that when my assistant's fingers were removed from them, only one required a ligature. But, as in a case of a similar tumour on which I had operated a few days before, hæmorrhage had come on after the wound was dressed, and had proved troublesome, in the present instance I stuffed the wound with lint. This was taken out in the course of the afternoon, and the edges brought in contact with stitches, compresses, and a bandage. The operation occupied twelve minutes. Every thing went on favourably; she slept comfortably; the pulse never exceeded 108; and a considerable part of the wound healed by the first intention. I may here be allowed to notice, that I have found plasters invariably prejudicial to the healing of wounds when applied in the first instance, and I think that stitches are productive of more good and less mischief than are usually ascribed to them. The manner, as well as frequency of dressing incised wounds, recommended by Mr. Syme in the 24th volume of this Journal, I have adopted for some time past, and have found it a great improvement on the former practice.

The patient was out at the end of a week, and returned home on the thirteenth day, with a superficial sore, not exceeding an inch in length. In the case to which I have already alluded, great difficulty of swallowing succeeded the operation for a few days. Of this Mrs. Woolins never complained. The tumour weighed four pounds four ounces and a half, was of a firm, almost cartilaginous consistence, and contained several cavities, filled with bloody and serous fluid. There were, however, no osseous depositions, several of which I met with in the other tumour, which was smaller, and occurred in an older person. Mrs. Woolins has been entirely free from fits since the operation; and the only inconvenience resulting from it is slight paralysis of the *orbicularis palpebrarum* and right angles of the mouth.—*Ed. Med. and Surg. Journ. July*, 1830.

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44. *Case of Excision of the lower Ends of the Bones of the Forearm.* By M. HUBLIER, M. D.—A woman, ætat. thirty-three, of a strong and healthy constitution, had her right wrist crushed between the pole of a heavy carriage and a wall. The hand was thrown back upon the forearm; the ulna was luxated forwards; it protruded an inch and a half through a wound, in a vertical direction, of about the same extent; but in a transverse direction from the ulna to the radius in the front of the joint, the wound was about four inches long: in the latter part the skin only was divided. The lower end of the radius was fractured transversely; the inferior portion, about eight or nine lines in length, was divided into two portions by a longitudinal fracture.

On the first day the wound was poulticed, and on the second the dislocation was reduced; on the tenth the patient was admitted into the hospital. She was free from fever, and could move without difficulty the arm and fingers. Her sufferings were apparently not great, notwithstanding the swollen and tense state of the injured parts. A crepitus was easily detected, but it was difficult to judge of the position of the fractures. The limb was covered with poultice, and placed in a bath, morning and evening, for an hour, until the nineteenth. The inflammation and tension had now subsided, and the precise nature of the injury was consequently more evident.

For the last two days the limb had been œdematous, the wound and adjoining parts highly sensible, and there was a profuse discharge of pus, arising from the cellular membrane, and caries of the fractured bones: fingers deprived of motion; disturbed sleep; great agitation; fever; anorexia. From the continuance of such symptoms, it was apprehended that the patient would lose her limb, if not her life. A prompt decision was required as to the means to be pursued. Most authorities advise amputation in such cases; but as the soft parts still appeared healthy, it was determined to attempt to save the hand, by removing the lower ends of the bones. This novel operation at the wrist presented many difficulties: there was a large wound, with ragged edges; the parts contused; four portions of bone to extract, three of which were distant from the opening through which they were to be removed, and the tendons and radial artery to be avoided. M. Gallot, the principal surgeon of the hospital, having approved of the proposal, it was thus carried into effect.

The ulna being separated from the surrounding parts, was made to protrude at the anterior wound. A splint was placed beneath this bone, and it was sawn asunder about fifteen lines from its lower end. Behind this opening, an incision of the same extent was made, which, by joining it inferiorly, formed a triangular flap, the base being turned upwards. By this means the radius was made to protrude with more facility, and it was sawn asunder in the same manner and at the same height as the ulna. With a strong pair of dentated forceps, held in the left hand, the internal and lower protruded portion of the bone was grasped, and drawn out to stretch, and divide the ligaments more easily, which was done with a bistoury, the point and edge being turned towards the bone, to avoid wounding the tendons or radial artery, which lay under the external fractured portion. This was extracted in the same manner: a ligature was placed upon the ulnar artery. The wound was united by adhesive plaster, over which a compress of lint and a bandage were applied. The operation lasted one hour, but during it the patient was allowed occasional rest. The dressings were renewed on the second and following days, and, whenever they became dry, they were moistened with emollient fomentation, in which was a small quantity of camphorated spirits. Inflammation was thus diminished.

The patient left the hospital on the 6th December, perfectly cured. She had the power of moving all the fingers except the little one, which remained half bent. The wrist was not deformed, and it retained its relative position with the forearm. This woman has since resumed her ordinary occupation.—*Lond. Med. and Phys. Journ. from Archives Générales.*

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45. *Cure of Subcutaneous Nævus by the Seton.*—Mr. Fawdington, of Manchester, has published in the *North of England Medical and Surgical Journal* for August last, three cases of nævus cured by seton. He advises the remedy in cases where the size of the tumour precludes the use of the knife, caustic, or ligature, and states that it will be used with more success than tying the artery which supplies the tumour, and that it is followed by scarcely any disfigurement. The skein of thread should be large enough to fill up the apertures made by the needle, and thus to arrest hæmorrhage, and by using this precaution, a sufficient degree of irritation will be produced to excite inflammation and suppuration throughout the diseased mass. The first case was that of a fine male infant, about three years and a half old, who had a nævus between the angle of the jaw and mastoid process, extending upwards to the zygomatic arch. The whole formed an oval tumour, which measured five inches and a quarter in its long axis, and four inches transversely. It had no pulsation, was purplish, soft, and compressible, and had large veins on its surface. A skein of common sewing thread was passed through it with a sadler's needle, and no dressings were applied. On the third day the tumour was inflamed, and on the sixth in a state of suppuration; on the tenth resembled the site of an abscess or common boil, and at one part but a portion of the tumour remained, through which a seton was passed with similar results. In four months there was not a vestige of the original disease.

The second case was one of an infant of ten months old, who had a nævus on the forehead. A seton partially removed it; a solution of sulphate of copper was applied, which produced inflammation and suppuration, but a second seton was required to complete the cure.—*Lond. Med. and Surg. Journ. Sept.* 1830.

46. *Inflammation of the Hernial Sac.*—Among the various tumours which appear in the groin, there is one which deserves attention, and which has recently been made the subject of a memoir by M. Duparc. This species of tumour is constituted by inflammation of a hernial sac, causing adhesions to the neighbouring parts, the intestine not being implicated. It arises in the following manner:—After compression by the unskilful application of a bandage, or from the dragging of the parts, the hernial sac inflames, and diminishes the diameter of the opening through which the intestine or omentum passes: these parts are thus kept in the abdomen. The inflammation continuing, the opening is obliterated; a certain quantity of serum is thrown out, and, from the swelling which arises, the local and general characters of the disease may be mistaken for those of a phlegmonous abscess, or rather a strangulated hernia. This termination, which ensures the radical cure of the hernia, is very uncommon, and therefore the following case cannot be devoid of interest.

A woman, ætat. forty-five, had had a crural hernia on the right side for five years. It was originally produced by violent exertion. The tumour was easily reduced, and a month before her admission it disappeared entirely. From this period the patient experienced pain and inconvenience in the inguinal region, but there was no tumefaction. Fifteen days after, a swelling appeared of a red colour, accompanied by fever. A physician was consulted, and, suspecting the patient was ruptured, he sent her to the Hôtel Dieu. The tumour was of the size and shape of a hen's egg: it adhered to the crural arch, and was with difficulty moved. Although it was not hard, it had a certain feeling of resistance, and fluctuation in it was evident; the skin was red, and the cellular tissue engorged. The tumour had not increased in size since its appearance: the bowels were regularly open; there was no hiccup, nausea, or vomiting; pulse hard and quick. The diagnosis was somewhat difficult: it was not easy to determine whether it was an abscess or an obstructed hernia, "*hernie avec engouement.*"

As no mischief could arise from making an incision into the parts, with as much care as if it had certainly been a case of hernia, and as there was a manifest fluctuation, M. Sanson determined upon this expedient. When he had cut down to the sac, a fluid was detected within it, and it was still believed to be a hernia: but the surgeon was quickly undeceived by the large quantity of serum which escaped from the wound, and by the shrinking of the tumour. The opening having been enlarged, and a finger introduced, no communication with the abdomen was found. It was a well-polished sac, without any opening, extending towards the obliterated crural aperture. M. Sanson and M. Dupuytren had seen many similar cases. Lint was introduced into the cyst, to cause adhesion of its sides, and the same dressing was continued until the wound was nearly healed, the patient remaining radically cured of her rupture.—*Ibid. from the Journal Complémentaire.*

47. *Ununited Fracture of the Femur successfully treated by the Seton.*—The evidences of the value of this mode of treating ununited fracture, are constantly accumulating. In the *London Medical and Surgical Journal* for December last, the following case is related by John Swift, Esq. A healthy young man, aged twenty-eight, a labourer, was admitted into the Richmond Hospital, Dublin, on the 18th of January, with a false joint, formed at the junction of the middle and lower thirds of the femur. He stated that about two years and a half since, he had his thigh bone broken by a horse which he rode falling on him. The fracture was simple, but very oblique, and the shortening of the member considerable. In some short time after the accident, he went into one of the provincial hospitals, where the limb was kept in the extended position on a softish bed, for two months. When allowed to get up, he found that the first time he attempted to bear his weight on the limb, the fractured portions were not united. He was again confined to bed in the same position for three

months, at the end of which no union had taken place, and he was permitted to walk about on crutches, and discharged, after twelve months confiement in hospital, with a false joint. He had been in Stevens's Hospital subsequently some months, and had glue bandages and splints applied, and was put under the influence of mercury with some benefit. A seton was passed between the fragments, which was followed by considerable inflammation, and a copious discharge. At the end of a month it was removed, a complete union having taken place, and in a few days the patient began to bear gently on the limb, and was discharged cured, about six weeks after his admission. He returned again on the 10th of July, with the limb flexible, in the situation of the fracture, and unable to sustain his weight. He stated that being discharged, he employed it very much in digging and walking, being, as he expressed himself, so proud of his recovery, that he thought he could not use the limb often enough. By the aid of rest, full diet, a glue bandage, splints along the limb, and the iodine lotion, the thigh is becoming gradually firmer. He is at present walking about with the assistance of a stick.

We may here remark, that in enumerating in our last No. the cases of ununited fractures successfully treated by the seton, we omitted to notice a case of ununited fracture of the humerus, cured by this measure, related by Dr. Robert Baxter, in the New England Journal of Medicine, Vol. VII. p. 150.

It must be truly gratifying to the ingenious surgeon who devised this mode of treatment, to learn the success which has so frequently attended its employment, and the amount of human suffering, which has thereby been saved.

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48. *Internal Strangulation of the Intestines.*—The presence of a tumour in the abdomen after the reduction of a hernia, and the continuance of the symptoms of strangulation, point out the existence of an internal strangulation. M. Sanson gave some cases of this description to the Medical Society of Paris which are worthy of notice. In two of the cases the patients had reduced their herniæ before they applied to him, but the symptoms of strangulation continued, and a tumour was perceptible to the touch immediately above the abdominal ring. M. S. laid bare the ring, seized the tumour in the abdomen and drew it into view, when the release from the stricture was readily effected. In another case in which all the usual signs of strangulation were present, an operation was performed. The hernia was external. When the ring and the sac were divided the enclosed gut presented nothing particular, and M. Sanson returned the bowel, but found great difficulty in this part of the operation. He found the intestine accumulate above the ring, and therefore introduced his finger into the canal, but could feel no obstruction. He perceived, however, that the finger did not penetrate into the cavity of the abdomen. He incised the ring still farther, and then discovered the cause of the accumulation of intestine. Above the ring he found the hernial sac was dilated into a pouch which communicated with the general cavity of the abdomen by means of a narrow aperture. This aperture was obliged to be enlarged before the complete reduction of the intestine could be effected. M. Gerdy related to the society a case almost exactly similar, which had occurred in his own practice, and required a similar operation.—*Transactions Medicales, July,* 1830.

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49. *Removal of the Penis by Ligature.*—In our last number we described Professor Graefe's method of amputating the penis by the ligature, and alluded to some cases related by Dr. Michaelis, in the *Journal der Chirurgie und Augenheilkunde,* Band XIII. Stuck. 2, in which this operation had been successfully practised. We confess we cannot understand how a ligature can be placed on so sensible a part, with so little pain to the patient as is said to have been experienced in these cases. We give an abstract of them as related in the Journal alluded to.

Case I.—A man aged twenty-nine, affected with a venereal ulcer of the glans, had at first recourse to a mercurial treatment, under which the disease rapidly disappeared, but it reappeared some months afterwards, and resisted every measure. The ulcer affected one-third of the glans, and penetrated as far as the fossa navicularis. The patient was a prey to a mercurial fever, which had reduced him to an extreme degree of emaciation. The mercurial affection was relieved, but the ulcer did not cease to advance. Finally at the end of a year he went to Berlin, and applied to M. Graefe, who removed the diseased part by a ligature. He introduced into the urethra a silver sound, afterwards he strangled the penis immediately behind the corona glandis, by a ligature drawn very tight. The patient supported this operation with the utmost indifference. The same night the part beyond the ligature was insensible and the ligature could be drawn tighter without producing any pain. The second day the diseased part was detached, and the sound was withdrawn; the cure was rapid, and the patient left Berlin in about a month. Case II. was that of a man aged thirty-five years, with a carcinoma which occupied the half of the penis. The operation was performed as in the preceding case, and the patient suffered but little pain. At the end of twenty-four hours the strangulated part was removed. Case III. a man aged sixty-two, with carcinoma of the penis originating in the prepuce. No accident resulted from the operation, and the wound cicatrized so promptly that the patient left the hospital on the tenth day. The fourth case was also one of carcinoma. It occupied nearly the whole of the penis. The patient was perfectly cured by the ligature in about fifteen days.

50. *Amputation of the Knee Joint.*—M. Velpeau, one of the surgeons of La Pitié, has endeavoured to revive this operation, which has been abandoned by almost all modern surgeons. In an interesting memoir in the *Archives Générales* for September last, he asserts, that the objections which have been made to the operation have no real foundation, and that it is preferable to amputation of the thigh in every respect; that it is less dangerous and more easily performed than amputation through the condyles, as proposed and performed by Baron Larrey and M. Garigue, and that it affords all the advantages of amputation of the leg through the shaft of the bone. That the circular method is entirely applicable to it, is in fact the only suitable one, unless the flap method should be imperatively demanded by some special circumstance. That patients who suffer amputation at the knee joint can walk with a wooden leg, and are not obliged to have a cuish, (*cuissait.*) That this operation should be had recourse to in every case which would otherwise require amputation of the thigh.

51. *Congenital Enlargement of the Tongue.*—Peter Meldrum, aged nineteen, was admitted into the Edinburgh Royal Infirmary, under the care of Mr. Liston, July 18th. The tongue is of a very large size, compressible and elastic, projects three or four inches from the lips, and fills completely the cavity of the mouth. It is of a dark brown hue, in some places livid; its surface is rough, at some points granulated, at others fissured, and at many traversed by large venous trunks. At the back part of the dorsum the papillæ are much enlarged, granulated points are numerous, and there are several plexuses of dilated blood-vessels immediately beneath the investing membrane. There is occasional bleeding from an ulcerated fissure near the centre of the dorsum, and also from the lateral parts of the projecting portion; in the latter situation several cicatrices are visible. Saliva flows in a continuous stream from the apex of the tumour. The lower jaw, which is much separated from the upper by the interposed tongue, is elongated and unusually narrow; the teeth, particularly the front ones, are placed at a distance from one another, are encrusted with tartar, and project almost horizontally from their sockets. A depression is felt at the symphysis menti, as if the two portions of the jaw were detached, and the intervening space occupied by ligamentous or cartilaginous substance.

States that the enlargement is congenital, and that the organ swells every three months to a much larger size than the present, and then gradually subsides;—that a periodical tumescence took place a short time before his admission, and that the tongue has now nearly regained its average size. The bleeding is most frequent and profuse when the swelling is greatest, and then too he suffers much pain in the part.

General health good. Articulation is very indistinct, and when attempted, the unwieldy organ of speech does not undergo much movement; but the patient is readily understood by those accustomed to hear him, and is reported to attempt occasionally the singing of Highland airs. He swallows, and even masticates, pretty freely.

Mr. Liston stated that from the periodical enlargement and diminution of the tongue, and the erectile tissue being evident in many parts of its surface, he considered the tumour to be composed partly of a structure resembling that of aneurism by anastomosis, and to be throughout extremely vascular. He therefore would not attempt removal of any of the exuberant growth by incision, and resolved to intercept its vascular supply, and then perhaps to diminish the organ to the usual size by the employment of ligature.

On the 21st a ligature was applied to each of the lingual arteries, immediately below the apices of the cornua of the os hyoides. The dissections were deep and difficult, though not tedious. On one side an irregular branch of the external jugular vein was divided, but its hæmorrhage was easily arrested by compress, and did not impede the operation. Slight difficulty of deglutition was felt for two days afterwards. No immediate change in the tumour was perceptible, but by the 23d it was evidently diminished, and there was a distinct, though gradual, decrease for some days.

On the 27th the ligatures came away from the vessels. But the patient complained of severe pain during the night, and next day the tongue was swollen to about twice its former size. His pulse was 116, rather full, and his appetite impaired. There was also a very slight erythema round the wounds in the neck. Punctures with a lancet were made in the tongue, and by hot fomentation a considerable quantity of blood was abstracted; after which the pain and swelling greatly decreased.

30th. There is considerable swelling and redness of the integuments on the right side of the face, accompanied with little pain except on pressure. Tongue much the same as yesterday. Pulse 120, firm. Appetite improved. Passed the night restlessly.

He continued to suffer no small degree of pain in the fauces and tongue, and at the extremity of the latter there was an appearance of suppuration being about to take place; but the part became discoloured, of a glazed appearance, and sloughing was soon established. In these circumstances Mr. Liston conceived that the projecting portion might be safely removed by ligatures, these being employed to assist the process which nature had just commenced. Accordingly they were applied on the 2d of August, and the patient suffered but little. On the 4th they were tightened, and again on the 5th. At that time he complained of no pain, and felt very comfortable; the isolated extremity of the tongue was almost sphacelated.

He now began to suffer acute pain in the wrist joints and hands; leeching and fomentation were employed, but suppuration quickly occurred; the abscesses were early opened. His pulse became frequent and weak. His quantity of wine was now increased, and as much nutriment given as possible. On the 7th, the portion of the tongue anterior to the ligatures was removed in a state of complete sphacelus, and on examination had evidently been exceedingly vascular. He continued easy during the night, but on the morning of the 8th became restless, and moaned much; his pulse was 140, and almost imperceptible at the wrists; his breathing became oppressed and accelerated. He sunk rapidly, and died half an hour after the visit.

On dissection, the bones of the tarsus, and the extremities of the radius and ulna, in both arms, were found softened and deprived of periosteum, and matter was effused amongst the ligaments. The cellular tissue round the base of the tongue, and amongst the deep muscles in the upper part of the neck, was extensively gangrenous, and infiltrated with bloody sanious matter. Both lingual arteries were obliterated.—*London Medical Gazette, Nov.* 1830.

52. *Tapping for Hydrocephalus.*—Dr. Conquest brought forward at St. Bartholomew's Hospital last night another case of water in the head, from which he has withdrawn, by two operations, thirty ounces of fluid. At the first operation twelve ounces were taken away, and at the second eighteen. The child is apparently well, the bones having nearly closed, and the patient free from any evidence of disease, although before the operation it had fits almost incessantly, and was altogether a most deplorable object. But the most gratifying and important circumstance connected with the appearance of this infant, was, that it gave him an opportunity of stating that the girl on whom he successfully operated last year continues in perfect health, not having a vestige of her former disease.—*Ibid.*

53. *Dislocation of the Hip reduced more than a month after the Accident.*—Mrs. M'Ewen, ætat. 23, was admitted into the Edinburgh Royal Infirmary, July 5th. The right lower extremity is shorter than the left by more than two inches; the toes are turned inwards, and the knee rests on the inner and lower part of the left thigh. The patient can move the limb freely forwards and inwards, but motion outwards and backwards is extremely limited, and attended with much pain. The head of the right femur can be distinctly felt lying on the dorsum ilii, and the trochanter major is placed near the anterior superior spinous process of the ilium. The hip and thigh are painful and much swollen, and are occasionally the seat of lancinating pain.

States that the limb acquired its present position upwards of a month ago, in consequence of its being pulled forcibly outwards from her body; at that time she was sensible of a jerking sensation in the thigh, and of a noise resembling that produced by sudden extension of the finger joints.

From the catamenia having appeared soon after her admission, reduction was delayed till the 9th. The pullies were applied, and on very slight extending force being employed, the head of the bone was easily removed from its unnatural situation into the acetabulum, by rotating the femur, and pushing its head downwards and forwards. Considering the duration of the displacement, the facility of reduction was remarkable, but may have been partially attributable to the patient having led an extremely dissipated life, and consequently possessing very little muscular power. A pad was placed between the knees, and a roller applied around them. During the night she had been extremely restless, getting frequently out of bed, and next morning the head of the bone was found to be again lodged on the dorsum of the ilium. Reduction was however accomplished with even greater facility than previously; the knees and ankles were bound firmly together, and the horizontal position strictly enjoined. No untoward circumstance afterwards occurred, and the patient was soon dismissed, enjoying the free use of her limb.—*London Medical Gazette, Oct.* 1830.

54. *Aneurism of the Arteria Innominata; Operation of tying the Carotid. Sudden Death; singular Pathological Appearances.*—A female, aged sixty-one, observed in September, 1828, a pulsating tumour immediately above the right side of her sternum, which progressively enlarged. In April, 1830, it had enlarged so much anteriorly as to in some degree dislocate the right sterno-clavicular articulation; the tumour ascended behind the sterno-mastoid muscle, (which, with the jugular vein, was pushed a little outwards,) to the distance of two inches above the clavicle, and extending outwards to nearly three inches along that bone. The patient had some difficulty of breathing, and painful numbness of the right arm. As she was very desirous that some curative means should be adopted, Mr. Key determined, as the only chance of averting otherwise sudden death, to tie the carotid artery, and, if necessary, the subclavian

also, at a subsequent period. The operation was accordingly performed at half-past one P. M. July 20th; it occupied fifteen minutes, and not more than half an ounce of blood was lost. The patient bore it without a murmur, and complained of pain only when the vessel was tied. At the instant of the ligature being tightened, the tumour first fluttered in its beat, and then became decidedly smaller, both in bulk and in its force of pulsation. The artery at the right wrist was not in the least affected, nor did the patient herself feel faint or sick, or in any way incommoded by the operation; for she spoke cheerfully, and appeared as well as before its performance. This diminution in the bulk of the tumour, however, was not permanent, for, before she had left the theatre, it was nearly as large as previous to the operation, though its beat was certainly fainter.

The patient was immediately carried to bed, and appeared cheerful; her pulse ninety, rather sharp, but also irregular in its beat; the tumour as before the operation in bulk, but with a fainter and more irregular beat; her head was raised on a high pillow, and laid on the left side. She had not been in bed more than half an hour before she suddenly raised herself, gasped for breath, and called for something to drink; she then fell into a severe fit of coughing, which lasted, with little remission, for several minutes: her distress was such as to create an apprehension of instant dissolution from the rupture of the sac. She was, however, able to take a little ammonia, with ten drops of laudanum, which succeeded in quieting her immediately. Her back was supported by high pillows, and she was again quite calm. In about an hour and a half from the operation, she appeared to be asleep; her breathing was natural, attended only by a peculiar snore, which did not now attract notice, because it was habitual to her: this noise gradually became fainter, till at length it quite died away. She was thought to be in a comfortable sleep, and therefore not disturbed till about half-past five o'clock, when, on being seen, it was found that there was no pulse in the wrists, and that the heart was beating with a scarcely perceptible flutter. It was not possible to afford any relief, for in a few seconds more she died. From the time of the paroxysm of coughing she had not spoken, but appeared perfectly quiet, and died in the most calm, tranquil, and unconscious manner possible.

The body was examined twenty hours afterwards. Both pleuræ were natural in appearance, but contained between them about a pint and a half of serous fluid. There was about four ounces of serum in the pericardium; there was no extravasation of blood any where; the sac was adherent to the upper part of the sternum, and adjacent part of the clavicle and first rib. These, together with the heart, left lung, and the soft parts in the neck, as far as the lower jaw, were now removed together, and a careful examination made.

The whole arch of the aorta, from the heart to its termination in the thoracic portion, was very much dilated, and all its inner surface quite rough, with numerous ossific scales spread on it: the heart itself was sound, and the semilunar valves nearly natural. Besides this, there arose a distinct sac from the right wall of the arteria innominata, and from the adjoining part of the arch, which was about the size of a small orange. This tumour had risen up on the neck, had pressed forwards the sterno-clavicular joint, had passed along the subclavian artery, and in less degree along the carotid, constituting the swelling which had been felt externally during life. This sac was more than half filled with laminæ of fibrin, in various degrees of consolidation. The carotid and subclavian arteries were both quite sound, and not at all involved in the disease. The part of the innominata near the bifurcation was also lined with ossific scales, like the aorta, and its opening much enlarged. The ligature was fairly on the carotid, about two inches below its division.

Upon prosecuting the dissection of the parts with a view to preparation, a most unusual circumstance was discovered, viz. the left carotid opened from the arch of the aorta by an orifice scarcely large enough to admit a small probe. It appeared as if a membrane had formed across its original orifice, very nearly resembling the membrane over the foramen ovale in the septum of the auricles of the heart; but what is still more singular, is, that the carotid itself, from the aorta to the bifurcation, retained its natural caliber, though supplied entirely through a mouth scarcely one-tenth part of its natural size. There was no vessel whatever entering any part of this common carotid which could in any way have conveyed blood to it. At its division, the external carotid continued of its natural size, but the internal became abruptly very small, almost immediately after its commencement. The interior of this, the left common carotid, contained an adherent layer of fibrin similar to that in the aneurismal sac, and not at all like the strings of fibrin ordinarily found in blood-vessels. This appeared to be a step towards the gradual obliteration of the artery.

The subclavian was of its usual size, and the vertebrals were rather small than otherwise on both sides; so that, when the right carotid was tied, the brain was so very much deprived of its supply of blood as to render it unable to support the actions of life; and hence the quick and perfectly quiet dissolution which followed.

The brain was examined. It was found healthy; its vessels were quite sound, and contained the ordinary quantity of blood. There was a little serous effusion between the membranes.

The abdominal viscera were generally sound, except a small polypus in utero, which grew from just below the orifice of the left fallopian tube. The descending aorta was quite natural.—*Lond. Med. Gazette, Sept.* 1830.

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55. *Staphyloraphy, followed by Death.*—M. Roux operated for congenital division of the soft palate, at the *Hôpital de la Charité*, on the 28th of August last, for the fifty-first time. The patient, (a young girl,) was attacked the evening of the operation with pain in the throat, and cough followed by inflammation of the chest, which advanced so rapidly that the patient died eight days after the operation. Angina is a common result of the operation, but we believe that this is the first case in which the operation has terminated fatally. —*Lancette Française, Sept.* 1830.

MIDWIFERY.

56. *Deficient or Deranged Action in Parturition.*—Mr. James Wilson, of Glasgow, is of opinion that deficient or deranged uterine action is the chief cause of the delays and difficulties in parturition, and that for one case of protracted labour where the pelvis or the position of the head is in fault, there will be twenty occasioned by deficient or imperfect uterine action. The uterus is composed of two sets of fibres, one transverse, the other longitudinal, thus composing, as it were, two sets of muscles—and these are capable of acting either separately or in union, and thus, he says, is produced all that variety, as to time, difficulty, &c. experienced in child-birth. "The tendency of the transverse action when alone or predominant is merely to narrow and elongate the uterine cavity, whereas the tendency of the longitudinal action is to shorten the cavity by making the fundus and os uteri approximate, and thus to expel whatever is contained in it. This expulsive process, however, will be best effected, not when the longitudinal fibres act alone, but when they act powerfully, having at the same time the transverse action in a subordinate degree. Again, if the transverse fibres act alone, expulsion of the uterine contents never can take place. Transverse action may be general or partial, producing corresponding effects; if general, and the liquor amnii be discharged, the body of the child will be grasped at all points like a limb in a tight boot; and no ordinary expulsive uterine efforts or extracting force used by instruments will be capable of effecting delivery under these circumstances. In illustration of this I submit the following case.

"In March, 1820, I was requested to see Mrs. ——, along with a medical friend. This case was one of ruptured uterus, which had taken place from violent uterine action about twelve hours before I saw it. The woman was evidently dying, so that our chief attention was directed to save the child; its head was completely in the pelvis, and well placed for the easy application of the forceps; and as it was possible it might be alive, it was deemed proper to give it every chance by speedy delivery. The forceps were accordingly introduced with great ease, and applied most advantageously; yet here, even *in articulo mortis*, so great was the power of the transverse action that all the force we could with propriety exert had not the smallest effect in bringing down the head, and after repeated but fruitless trials, the forceps was withdrawn. Immediately after death the Cæsarian section was performed; the abdomen was found greatly distended by internal hæmorrhage. The rupture of the uterus was transverse, and included all the posterior part of the cervix in front of the projection of the sacrum. No part of the child had escaped through this opening. The pelvis was capacious and well-formed. But the most striking feature in this inspection, was the firm and unusual transverse contraction of the uterus, round the body of the child. It had completely adapted itself to the inequalities of the child's surface, thus embracing it so powerfully as to form the only obstacle to the delivery, which had been experienced in the trials with the forceps. It may be objected to this that it was an extreme case; perhaps it was so, and on that very account it has been mentioned, in preference to many others of more frequent occurrence, but less prominent features.

"When we witness a case of transverse contraction so very powerful as to resist a force sufficient to rupture the uterus, for I hold this to have been the cause of the rupture—and further, when the patient was at the point of death from that rupture, and the consequent internal hæmorrhage; that this transverse contraction should still have remained unsubdued and resisted the strong efforts made with the forceps, we can be at no loss to conceive its frequent occurrence in a milder degree, but yet sufficiently powerful to make labour both painful, tedious and difficult. This contraction may be present, and form an obstacle in any or in every stage of labour.

"When such a state of the uterus does exist, it is perhaps difficult to say what ought to be done for its removal. At first view bleeding and opium, as antispasmodics, seem indicated; but I am inclined to think, that this is not so much a spasmodic as a tonic permanent contraction, prematurely induced, and which neither opium nor blood-letting will remove; it forms not so much an active as a passive resistance to expulsive power. If the pains are doing no good, we may, by giving opium, suspend the fruitless action for a time, till the strength becomes recruited, when more vigorous expulsive efforts might reasonably be expected; or those who have confidence in the ergot of rye, might be induced to give it in order to add new force to the expulsive powers.

"But, 2dly, this undue action of the transverse fibres, instead of being general and tonic, as in the above case, may be partial and spasmodic, examples of which we have in what is called the encysted or sand-glass contraction of the uterus; every one has met with these cases; uterine hæmorrhage and retained placenta, have led to this discovery, and though not generally suspected, I have no doubt the very same state often exists while the child is in utero, proving a source of severe and protracted labour. Before birth we have not the same opportunity of detecting it as afterwards, yet, before the os uteri is fully dilated, such a state may be often felt in that part of the uterus within reach of the finger."—*Glasgow Medical Journal, May*, 1830.

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57. *Extra-uterine Fœtation.*—Dr. F. G. Wilmans relates in the *Journal der Prakt. Heilkunde*, for March, 1829, a case of this kind, which continued for fifteen years, and which terminated fortunately by the expulsion of the fœtus by the rectum and urinary bladder. During the interval the mother was delivered naturally of four children. She is still actually living.

MEDICAL JURISPRUDENCE.

58. *On the Poisonous Effects of Oxygen and some other Gases on the Animal Body.*—We have already noticed the series of very interesting experiments lately performed by Mr. Broughton on the effects of certain gases on animal life, and especially on the effects of oxygen, and we now give some further details. Oxygen gas has been long known to prove deleterious to animals when breathed in a state of purity. But by a singular coincidence it has happened, that none of the experimentalists who have lately investigated the physiological operation of the gases, have paid any particular attention to the phenomena occasioned by the inhalation of oxygen. And it has consequently been left to Mr. Broughton to discover some extremely curious and peculiar circumstances connected with its action.

The gas for the experiments was prepared from black oxide of manganese by heat, and was collected in large glass jars over water. A platform was placed within the jar, on which the animal to be experimented on could be placed above the water; and when the temperature of the atmosphere was low, the whole apparatus was kept at a moderate heat before a large fire. Comparative experiments were made with common air in circumstances precisely similar.

Mr. Broughton first remarked, as others had done, that animals die much sooner in atmospheric air than in oxygen. He farther observed, that after an animal had died in common air, the residual air extinguished flame and destroyed another animal in a few seconds; but that in the residual gas, in a jar where an animal had breathed oxygen till it died, another animal lived a long time, and the combustion of a match was brilliantly enlivened. His experiments with oxygen are eleven in number; and the animals with which they were performed were the kitten, rabbit, guinea-pig, and sparrow. He commonly remarked that no apparent change occurs for the first hour; then the breathing and pulse become accelerated; afterwards a state of debility supervenes; and gradually insensibility comes on, with glazing of the eyes, slow respiration, and sometimes gasping. If at this stage of the experiment the animal be removed into the atmosphere, it speedily recovers; and even if the respiration have ceased altogether before its removal, recovery may be accomplished by artificially inflating the lungs. In a vessel of the capacity of one gallon, three hours were sufficient to bring most animals into a state of great danger, and few recovered after being confined five hours. When the body was examined soon after respiration had ceased, and when life was consequently to all outward appearance extinct, the heart was always found contracting vigorously, the whole blood of the body, both in the veins and arteries, was brightly arterial, and many of the membranous surfaces, but especially that of the lungs, were of the same florid red tint. We may extract the following experiments as good examples of the whole. *Experiments i. and ii.* "A kitten ten or twelve days old was immersed in pure oxygen, and suffered no apparent inconvenience during the first hour, but afterwards its respirations were quickened, and the sanguiferous system was much accelerated. To this succeeded a state of debility, and gradually a total insensibility." This animal recovered on being removed at the end of three hours. A second of the same breed "was not removed until the motion of the diaphragm, (the last organ in which movement is perceptible,) had ceased some minutes, and it did not become re-animated. On opening the chest, *the heart was found beating strongly; and after its removal forcibly contracted on the knife when cut across.* Throughout the brain and every part of the body *no trace of venous blood was discoverable*, but every where the arteries and veins universally carried *scarlet* blood, as well as both divisions of the heart, which exhibited the internal structure to be entirely of a bright florid colour; and the surface of the lungs appeared as if highly injected with vermilion." *Experiment vii.* "A rabbit about three weeks old was immersed in about two gallons of oxygen, at half-past eleven in the forenoon.

At three o'clock the animal was still apparently lively and unaffected, and it ate some oats and cabbage, introduced through the water under the glass. At seven the animal's breathing was quickened, but it showed no signs of insensibility; nor until nearly eleven o'clock was it apparently much affected, when some degree of stupor and weakness was evident. At twelve o'clock at night, twelve hours and a half after its immersion, it was in a sitting posture, breathing quick, and somewhat dull in appearance. In this state it was left, the fire allowed to go out, and the bath to cool down to the temperature of the room on a frosty night; so that in the morning it was found dead. On opening the body, the heart and blood-vessels universally contained scarlet blood. During this experiment, as the water rose in the jar, about two or three pints of oxygen were added. A flame was excited in a blown-out taper, introduced into the jar; and a mouse breathed some time in it." *Experiment xi.* "A rabbit about three or four weeks old was immersed in a gallon of fresh oxygen at one o'clock P. M. In about an hour its respiration was quickened, and in two hours it was very weak, and apparently losing its sensibility. Nearly a quart of oxygen was added during the experiment, to make up for the rising of the water. About seven, having been in the gas nearly six hours, it was convulsed and expired, and was removed in five minutes without any sign of motion. On opening the chest the heart was in full action, and the diaphragm still. No venous blood was perceptible. The gas remaining after the experiment rekindled a blown-out taper.—N. B. In all these experiments the surface of the lungs appeared much injected. The blood also was observed to be very transparent, and to coagulate remarkably quick. The right side of the heart was always much more filled than the left."

These experiments show how erroneous were the results obtained by one of the latest experimentalists on the subject, Sir H. Davy, who inferred that the fatal effects are independent of excess of oxygen. Mr. Broughton shows clearly that pure oxygen acts as a narcotic poison, that it induces a universal arterialized state of the blood, and excites symptoms of severe nervous derangement. Its action exhibits the singular phenomenon of the heart being the last organ in the body to die, and yet circulating arterial blood. The contractility of the intestinal canal also continues long after the functions of the brain are annihilated.

The other gases with which he experimented were nitrous oxide, nitrogen, chlorine, sulphuretted hydrogen, hydrogen, carburetted hydrogen, nitric oxide and carbonic acid gas.—*Nitrous oxide gas* had precisely the same effects as oxygen; but acted with much greater rapidity. A kitten was killed in half an hour, sparrows in four or five minutes, mice in about eight minutes; but a rabbit three weeks old lived two hours and a quarter. In every case the heart was found contracting strongly after death, and the blood was florid in the veins as well as the arteries.—In *Chlorine* all animals were killed in about thirty seconds. The only important fact in Mr. Broughton's experiments with it is, that the lungs presented the yellow tint and peculiar odour of the gas; so that, contrary to what is usually thought, chlorine passes the epiglottis. In his experiments with *Hydrogen,* which proved fatal in half a minute, he found that immediately after death the heart and intestines did not retain their contractility, and he therefore concludes that this gas is a positive poison, and not merely an asphyxiating gas.—*Carburetted-hydrogen,* (but he has forgotten to say which species,) acted with great rapidity, causing one or two gasps and stupor in a few seconds. The experiments with azote, sulphuretted-hydrogen, nitric oxide, and carbonic acid gas present no particular novelty. Mr. Broughton seems to infer from his own observations that carbonic acid is injurious, merely because oxygen is wanting; but the experiments of Collard de Martigny prove that it is a positive poison of the narcotic class.—*Quarterly Journal of Science, Literature, and Art, April,* 1830.

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69. *Case of Fracture of the Spleen.*—A woman who had been a long time af-

fected with intermittent fever, was struck in a quarrel, by her husband, with a long and elastic switch. Two hours afterwards she died. The blow was given over the region of the spleen, where, however, there was no mark of violence. On post mortem examination the spleen was found torn and blood extravasated in the abdomen. The spleen, as also the liver and stomach, were so soft that a slight pressure sufficed to tear them. This predisposition was taken into consideration in the judgment of the husband, and the death of his wife declared to be accidental.—*Bull. des Sc. Med. July,* 1830, *from Rust's Magazin, t. xxvi.*

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60. *Poisoning with Empyreumatic Oil of Hartshorn.*—M. Duret relates the following case in the *Journal Universel* for Nov. 1829. A widow aged thirty, after unsuccessfully endeavouring to procure arsenic swallowed an ounce and a half of the empyreumatic oil of hartshorn. No one witnessed the symptoms which resulted, but it appears that she vomited copiously, had drunk a great deal of water, but finding the effects of the poison not so speedy or supportable as she desired, had put an end to her sufferings by jumping into a well. The dead body exhaled the peculiar fœtid odour of the oil. The lips were pale, as well as the lining membrane of the palate and tongue, which was hard, shrivelled, and on the edge thin and fringed. The velum, pharynx, and gullet presented the same colour and shrivellry. The stomach was full of liquid—externally it had a diffuse red tint, crossed by numerous, distended black veins, which here and there had burst, and caused small circumscribed patches of extravasation. The liquid contained in the stomach consisted of remains of food, water, a considerable quantity of the poison, and some extravasated blood. The villous coat had a punctated redness, was unnaturally thick, and presented very prominent rugæ, but no appearance of erosion. The intestines were also inflamed, but to a less degree than the stomach. In a case of poisoning by the *rectified* empyreumatic oil, related by Chaussier in the *Dictionnaire des Sc. Med. Tom. XXI. p.* 605, it is stated, that death ensued instantly on the taking of a table-spoonful of the poison, and that no morbid appearances could be discovered in the dead body. The poison thus acted as a most powerful narcotic, whilst in the case above related it acted as an acrid poison.

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61. *Murder by Poisoning with the Nitric Acid.*—Although voluntary and accidental poisoning with mineral acids is exceedingly common, few instances are on record where the murderer has had recourse to these poisons, because their intense acid taste and instantaneous corrosive action render it extremely difficult, and at first view one would suppose impossible to administer them secretly. The two following judicial cases are therefore of much interest on account of their rarity.

The first is an instance of *an Attempt to Murder by administering Nitric Acid,* which came lately before the court of assizes at Paris. A man Groubel, who lived on very bad terms with his wife, filled her excessively drunk one evening at the village of Boulogne, near Paris. At half past eight the same evening, (October,) they were seen together on their way towards the Bois de Boulogne; and next morning the dead body of the woman was found on the road side. MM. Ollivier and Chevallier were requested by the authorities to examine it.

Her dress was disordered. Her cap and an under waistcoat were corroded and stained, and particularly the collar and sleeves of the latter. The stains were yellow. Three similar stains were found on her petticoat. The face was pale, but much discoloured, of a lemon-yellow tint, particularly on the right side, by a fluid which issued from the angles of the mouth. Several locks of hair were similarly discoloured. At the left side of the neck, towards the back and corresponding with the deepest stain on the waistcoat, there was a grayish superficial eschar surrounded by some reddish excoriations. On various parts of the forehead, on the right side of the nose, behind the right ear, and on the right side of the neck near the front, there were several excoriations, exactly such as those made by finger nails; and two on the neck were accompanied with slight ecchymosis. Several ecchymosed spots were also found on the back of the head, on the back of the right shoulder, and on the outer part of the right forearm. On the forepart of the same forearm three grayish, superficial eschars were seen, exactly like that on the neck. *The hands were not at all stained.* The whole inside of the mouth was of a deep lemon-yellow colour; the fine skin of the lips excoriated; that of the tongue shrivelled. The pharynx was full of bloody mucus and also yellow, which colour farther affected the upper quarter of the gullet, but became less and less distinct downwards. The lower part of the gullet and the whole stomach were healthy, and the latter was filled with half-digested food and much wine. The larynx, trachea, and bronchi, were healthy, their mucous membrane white; but both lungs had a blackish or violet colour; the left was scarcely crepitant at its upper portion, and very hard, red, and hepatized at its lower part, with tubercles in the centre of the hepatization, and it yielded a great quantity of black fluid blood when cut into; the right was less strongly hepatized, but equally full of fluid blood. The heart was soft and flaccid, and its cavities contained much fluid dark blood. The brain was much injected, and the veins gorged.

The stains on the clothes were analyzed in the following manner. Litmus paper was strongly reddened by them. When a portion of the stained cloth was immersed in distilled water, the water became acid, and when this was neutralized with bicarbonate of potass, and concentrated, a piece of paper immersed in the solution and dried, burnt with a sparkling redness, like match-paper. Another portion of the liquid evaporated to dryness, and treated with a little concentrated sulphuric acid, gave out fumes of nitric acid. Another portion evaporated to dryness, and projected on burning charcoal, caused deflagration. The stains of the skin and hair were subjected to the same process, and gave the same results. A portion of the yellow stain, when treated with caustic potash, became reddish-yellow. These experiments left no doubt that the stains on the body and clothes were caused by nitric acid. The contents of the stomach were carefully analyzed in like manner, but no nitric acid could be detected in them.

The prisoner being arrested about the time when the body was examined, the medical inspectors requested to be allowed to examine him; upon which several yellow stains were found on his coat, trowsers, and hands. These stains were analyzed in the same manner with those found on the woman's clothes and body, and nitric acid was detected in them.

The opinion of MM. Ollivier and Chevallier was, that the woman did not poison herself—that an attempt had been made to make her swallow nitric acid, which, however, she had rejected before it reached the stomach—that she did not die of poison—and that in all probability she had been suffocated by the hands applied on the neck and over the mouth and nose. The want of stains on the woman's hands, with the abundance of them on other parts of the body, justified the conclusion that she did not take the poison herself. The entire state of the alimentary canal, they conceive, also bears out the inferenco, that she did not die of the poison; but here it appears to us that more care should have been taken to determine that the glottis did not suffer so as to produce death by suffocation. That she was smothered or choked they consider as rendered highly probable by the scratches round the mouth and on the neck, by the gorged state of the lungs, and black fluid condition of the blood. Lastly, they give their opinion that the prisoner was the person who administered the poison, and subsequently choked her; and they appeal in proof of this to the stains on his clothes, but more particularly on the palms of his hands.

The whole case is an exceedingly instructive example of the advantage to be derived in obscure crimes from a thorough medico-legal investigation by competent persons. In support of the doubts we have expressed whether the woman might not have died of suffocation from the acid attacking the glottis, we may mention, that M. Alibert, who was examined in the case, stated he had seen several instances of this kind of death, where the acid had not penetrated beyond the back of the throat. M. Ollivier seems to doubt the facts here stated, but without reason. Many years ago an opinion in favour of death by poison was given by one of the Prussian Colleges in the case of a child where the poison did not reach the stomach, but manifestly produced violent inflammation of the rima glottidis, epiglottis, and larynx.*—*Ed. Med. and Surg. Journ. July*, 1830.—*Arch. Gén. Nov.* 1829.—*Bull. des Sc. Med. Jan.* 1830.

62. *Attempt to Murder by administering Sulphuric Acid.*—This case was the subject of trial lately at Strasbourg. An hospital servant of the military hospital of that town, wishing to get rid of his wife, administered a potion with a strong dose of tartar emetic, and subsequently persuaded her to take several spoonfuls of sulphuric acid, under pretence of relieving the vomiting. Violent symptoms were consequently produced, and a judicial inquiry was therefore set on foot. Sulphuric acid was found in a syrup of which the man had administered a part, and besides, the administration was proved by an acid stain on the bed-cover, and the corrosion of an iron spoon in which it had been given. The woman, who eventually recovered, gave very gentle evidence against her husband. After a trial which lasted seven hours, the jury found the man guilty by a majority of seven to five, and the judges uniting with the majority, the prisoner was condemned to death.—*Ibid.*

63. *Poisoning with Bismuth.*—The sub-nitrate of bismuth, or magistery of bismuth, the common oxide of bismuth of the Pharmacopœia, has been long supposed to be a poison, and was fully proved to be so by the experiments of Orfila. The following case, recently extracted by M. Ferussac in his Journal from the *Heidelberg Klinische Annalen*, is the only instance with which we are acquainted of fatal poisoning from this salt, and fully establishes the propriety of arranging it with the active irritants. A man who had been in the habit of receiving from his surgeon chalk and magnesia for pyrosis, received the sub-nitrate of bismuth, by mistake, from the village barber, who kept an old medicine chest, and took about two drachms of it suspended in water, along with a little cream of tartar. He immediately felt burning pain in the throat; violent vomiting and purging soon followed; and next day Dr. Kerner, of Weinsperg, who relates the case, was called to his assistance. He found him affected with dreadful nausea, frequent brown vomiting, watery purging, an intermitting pulse, general coldness, and spasmodic contractions of the muscles, particularly of the legs. The back of the throat and uvula were inflamed, there was burning pain there, with difficulty in swallowing, the membrane of the nose was dry, the tongue covered with a dirty-yellow crust, and the patient complained of unquenchable thirst, and a constant nauseous taste.

The vomiting and diarrhœa having already lasted eleven hours, Dr. Kerner concluded that the poison was already all expelled, and confined his attention, therefore, to the treatment of the consecutive effects. Emulsive mixtures were administered with a little laudanum, and the warm bath was then employed with some advantage; the spasms abated, the pulse became firmer, and the patient passed the subsequent night tolerably. On the morning of the third day, however, the pain in the throat and difficulty in swallowing became much worse; the patient complained of constant nausea, metallic taste, and hiccup, and the hands and face began to swell. Leeches were applied to the neck, with some relief to the throat. But in the afternoon the skin became hot, the sight dim, the breathing laborious, and it was then discovered that no urine had been discharged from the time the poison was swallowed. On the fourth day he complained much of tension and extreme dryness of the palms and soles, the lower belly began to swell, and the patient was extremely weak and despondent.

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* Augustin's Repertorium, i. ii. 15.

On the fifth day there was more fever, some tenderness of the belly, and increased hiccup, with augmentation of the saliva, which was brown, and of a metallic taste. He was this day bled from the feet, and cataplasms were applied to the belly. The blood was florid-red and slightly buffy. On the sixth there had still been no urine passed, and none was secreted. Some symptoms of delirium, with tremors, made their appearance. On the seventh the lower belly was enormously distended, the stools were extremely fœtid, the tongue was so swelled that the throat could not be seen, the thirst and heat in the throat were excessive, and the man remarked constantly a smell like that of the sea-shore. On the eighth the urine for the first time began to flow, and was very pale. The fever went on increasing, and became attended with strong delirium, the respiration was more and more embarrassed, and the patient, in reply to questions, said he was quite well. In this state he lingered till the night of the ninth day, when he expired.

On inspection of the body, the alimentary canal was found affected along its whole course from the back of the mouth to the rectum; and in this long tract there were but few points quite healthy. The tonsils, the uvula, the back of the throat, the epiglottis, and the inner membrane of the larynx were gangrenous. The gullet was livid, but not inflamed; the stomach was strongly inflamed, especially in its great sac, the mucous coat being as it were macerated and detachable with extreme facility from the subjacent coat, which was covered with purple-red papulæ. The whole intestinal canal was much distended by gases, more or less inflamed, and here and there gangrenous. The gangrene was particularly well-marked at the rectum. The whole intestinal mucous membrane was very easily detached. The lower end of the spinal cord and inner surface of the heart were also inflamed. The lungs were healthy, but the wind-pipe chequered with blackish points. The kidneys and brain were in the natural state.—*Edinburgh Medical and Surgical Journal, from the Bulletin des Sciences Medicales, February,* 1830.

64. *Death from Inhaling Nitrous Ether.*—The only case of this kind we recollect to have seen recorded, is in the *Midland Medical and Surgical Reporter,* for August last. The subject of this case was a female servant; she was found dead in her bed, lying on her right side, with her arms folded across the breast as in a profound sleep, and the features not at all disturbed. On examination, "the coats of the stomach was found a little inflamed, with a small quantity of fluid in it, not exceeding one ounce—there was no gritty substance in this organ. The intestines leading from the stomach appeared turgid." The lungs were in such a high state of congestion as to prevent the passage of air through the cells. A large jar, containing upwards of three gallons of spirits of nitrous ether, was found in the patient's room, broken, and the contents spilled, and the apartment being small, the atmosphere was highly impregnated by the spirit, which was no doubt the cause of death.

It is much to be regretted that the examination of the body was confined to ascertaining the state of the lungs and stomach. The condition of the brain, the heart, and of the whole alimentary canal; the state of the blood, and the appearances of the surface of the body should have been described.

CHEMISTRY.

65. *Test for distinguishing different kinds of Rhubarb.*—According to M. Geiger, the iodurетted hydriodic acid produces different colours in different kinds of rhubarb, which enables us to distinguish them. Thus it gives to Muscovy rhubarb a green tinge—to China rhubarb a brown tinge—to English rhubarb a deep red colour, and to that of France a blue one.—*Journal de Chimie Médicale, Sept.* 1830.

66. *New mode of Preparing the Carbonate of Iron.*—Take of sulphate of iron and sub-carbonate of soda, each eight ounces. Pound each salt, and dissolve them separately in warm water. If necessary, filter. Being filtered and cool, mix the solutions in a deep vessel, capable of holding one or two gallons of water, which fill up cold. Stir, let subside, and then decant the clear liquid from the precipitate. Fill up again with water, and likewise again decant; and repeat this operation two or three times, so as to separate the soluble salts. Next put the precipitate on a filter of cotton or linen cloth, supported by a square frame. When the water has ceased to pass, gather into one hand the edges of the filter, so as to make it a sort of bag, and with the other twist it round from the holding hand downwards, so as to squeeze out the remaining water. The precipitate will now have the appearance of clay, too soft for moulding. With soft sugar and aromatic powder, in suitable proportions, make it into an electuary.

Thus we obtain a carbonate of iron, uniform in its properties, hardly deteriorated by the process it undergoes, and little liable to change by keeping.

The precipitated carbonate of iron, while yet moist, is soluble in carbonic acid. Hence a tea-spoonful of the above electuary is soon dissolved in a glass of ginger beer, except the aromatic powder it contains. It may be asked, therefore, whether an eligible medicine might not be obtained as follows:—"Having filled a dozen of bottles with ginger beer, divide among them the precipitate from an ounce of sulphate of iron, and an ounce of sub-carbonate of soda; then cork, and set them aside, as usual, till they be ready. I presume that the production of carbonic acid, by the fermenting process, would go on as usual, and that when drawn in due time, we would find the carbonate of iron entirely dissolved in the ginger beer."—*Glasgow Medical Journal.*

MISCELLANEOUS.

67. *Influence of Temperature on the Mortality among Infants.*—We noticed in a preceding Volume, (Vol. V. p. 235,) the conclusion to which MM. Villermé and Milne Edwards have been led by their researches on this subject in France, and their confirmation from the researches of Dr. Trevisen in Italy. In the *Annales d'Hygiene Publique* for January and April last, are some further details relative to this subject, which are worthy of notice. It appears from the statistical tables of MM. Villermé and Milne Edwards, that in the northern parts of France, situated above the latitude of 49°, the mortality among children within the first three months of life was in 1818 as 1 to 7.96 births—south of the 45th degree of latitude it was only as 1 to 10.72; and in 1819 it was in the former district as 1 to 9.12, and in the latter as 1 to 11.7. At Dunkirk the mean temperature of the year is 11½ degrees less than at Toulon, the former being 50.4 F. the latter 62°. Thus again in the year 1818, the mortality for the same period of life throughout the whole of France varied from one death in 7.22 births during the month of January, to one in 9.8 in the month of May; and in 1819 from one in 7.66 during January to one in 9.97 during the month of May. During the three cold months of December, January, and February, the average for the two years was one in 7.81; during March and April it was one in 8.78; during May, June, and July, one in 9.75; during August and September one in 8.06; during October and November one in 8.68. The inference to be drawn from the numerical statements here given as to the mortality in different seasons is, that in the coldest months it is greatest, in the warm months at the beginning of summer least, but somewhat greater even in the warm months when the extreme heat of summer has endured for a considerable time.

The statistical inquiries of M. Caffort of Narbonne, in the middle of France, are also confirmatory of these results. In the course of fifteen years subsequent to 1810, the deaths in that town among children within the first three months was one in 9.57 births; which is intermediate between the mortality in the northern and southern departments of France as given above. Of 532 deaths among children of the same age, 163 occurred in the months of December, January, and February—113 in April, March, and May—125 in September, October, and November—and 131 in June, July, and August. On taking the proportion of deaths to births, the average for the winter quarter is one in 8.43 births, for the spring quarter one in 12.05, for the autumn quarter one in 10.65, and for the summer quarter one in 8.95.

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68. *Respect shown by the French Government to the Medical Profession.*—An "ordonnance" has just appeared conferring the decoration of the Legion of Honour on MM. Rostan, Biett, Lallemand, Andral *fils*, Chomel, and Barruel. Not many months ago several medical men in Paris were created Barons. The document above-mentioned is followed by a report from the Minister of the Interior to the King, from which we subjoin an extract. "Medicine is at once the noblest of the sciences, and the most useful of professions—nevertheless it offers but few resources to those who practise, or to those who teach it. By the very nature of their pursuits physicians seem to be in some degree excluded from the ordinary paths of ambition. It is therefore just that the government should bestow upon them a large share of the honours awarded to merit."—*Lond. Med. and Surg. Journ. Dec.* 1830.

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69. *Prize for the best Essay on Cholera Morbus.*—Cholera has been committing the most frightful destruction among various nations of Asia, and is now extending its ravages into the Russian empire. The Russian government have offered a prize of 25,000 roubles, about 5,000 dollars, for the best essay on this disease. The essay must embrace the following points:—

1st. A clear and detailed account of the nature of the disease.

2d. A statement of the causes which give rise to it.

3d. A description of its mode of propagation.

4th. A demonstration, by the means of exact and faithful experiments, of its being communicable from one individual to another, if such be the fact.

5th. An indication of the measures to be adopted for self-preservation against its contagion, should the disease prove contagious; and

6th. Of the means best calculated to ensure a recovery.

Such treatises, or essays, may be written in the Russian, Latin, German, English, or Italian languages, and directed to the "Conseil de Médecine," (Medical Board,) at St. Petersburg, until the 1st (13) September, 1831. The name of the author is to be forwarded in a separate envelope.